

# Linn County COVID-19 Emergency Business Grant Application

The State of Oregon, through State of Oregon Grant Agreement Number 2508, has allocated \$1.6 Million of federal CARES Act funds to be disbursed by Linn County for the purpose of providing additional financial assistance to businesses adversely affected by economic conditions as a direct result of the COVID-19 pandemic.

To fill gaps not reached by other programs, these federal funds are directed to adversely affected businesses. **Businesses may only use the proceeds for business-related operating expenses.**

**Only one application may be made per business, and no business may submit an application for which any other business owned by a common Company Principal (see Section 2 below) has submitted an application. The applicant must be an owner operator.**

This application is for a business that meets all of the following **eligibility requirements**:

1. The Business is located in Linn County, headquartered in Oregon, and has its principal operations in Oregon.
2. If required by Oregon law to be registered with the Oregon Secretary of State to do business in Oregon, the Business is so registered.
3. The Business is a for-profit entity.
4. The Business was substantially prohibited from operating as directed by Executive Order 20-65, but was otherwise in operation before the November 18, 2020 effective date of Executive Order 20-65. Substantially prohibited from operating includes Businesses that Executive Order 20-65 may have allowed to continue de minimis operations but do not primarily rely on, or for which a substantial portion of their business is not conducted by, drive-thru operations to service the businesses' customers.
5. The Business employs at least one full time employee or FTE.

The following businesses are **ineligible** to apply for or receive funding under the Program:

1. Passive real estate holding companies and entities holding passive investments.
2. Non-profit entities.
3. Businesses that experience a decline in revenues for reasons other than those caused by the COVID-19 pandemic (e.g. seasonal or cyclical businesses cycles).

4. Businesses that are delinquent on federal, state or local taxes that were due on or before the date of application. (Written documentation required from tax preparer or by submission off Business' 2019 business tax return, excluding schedules.)
5. Businesses that do not comply with all federal, state and local laws and regulations.
6. Businesses that have closed and do not intend to reopen, or were not in operation immediately before the November 18, 2020 effective date of Executive Order 20-65. (Written documentation required in the form of an active business bank account.)
7. Businesses that primarily rely on, or for which a substantial portion of their business is conducted by, drive-thru operations to service the businesses' customers.

**Awards to eligible businesses will be made as a grant, in an amount initially estimated to be up to \$5,000 per eligible business.** Recipient assumes all responsibility for tax implications, if any, for acceptance of a grant award.

**DUE TO TIMING CONSTRAINTS ASSOCIATED WITH THE FUNDING FOR THIS PROGRAM AND THE LIMITED AMOUNT OF THE ALLOCATION MADE AVAILABLE TO LINN COUNTY, ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN DECEMBER 17, 2020. ANY APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**

**Section 1: Business Information**

Business Name: \_\_\_\_\_

Business Owner/Operator Name: \_\_\_\_\_

Business Type: Sole Proprietor Partnership Corporation LLC PC

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different than street address): \_\_\_\_\_

Employer Identification Number (Federal EIN) or Social Security Number (SSN): \_\_\_\_\_

Number of Full Time Employees or FTE: \_\_\_\_\_

Number of years business in operation: \_\_\_\_\_

Description of products or services offered by the business (industry):  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: Business Details**

Company Principals (If there are more than four owners, provide the additional owners' information separately)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Percent Ownership: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Percent Ownership: \_\_\_\_\_

### **Section 3: Terms and Conditions with Recipient's Certifications and Representations**

Recipient applicant represents and warrants that only individuals authorized to accept the award and submit an application have completed an application. The information submitted in Recipient's application, including all attachments and supporting documentation, are, to the best of the knowledge of the undersigned, complete, current and accurate. The application presents fairly the conditions of the eligibility of the undersigned.

#### **Specific Certifications**

Check all the following certifications that apply:

- 1. The Business is located in Linn County, headquartered in Oregon, and has its principal operations in Oregon.
- 2. If required by Oregon law to be registered with the Oregon Secretary of State to do business in Oregon, the Business is so registered.
- 3. The Business is a for-profit entity.
- 4. The Business was substantially prohibited from operating as directed by Executive Order 20-65, but was otherwise in operation before the November 18, 2020 effective date of Executive Order 20-65. Substantially prohibited from operating includes Businesses that Executive Order 20-65 may have allowed to continue de minimis operations but do not primarily rely on, or for which a substantial portion of their business is not conducted by, drive-thru operations to service the businesses' customers.
- 5. The Business is **not an ineligible business** as defined on Page 1 above.
- 6. The Businesses will use the Grant Award only for business-related operating expenses.
- 7. A written verification from the Business' tax preparer is attached, confirming that the Business is not delinquent on federal, state or local taxes that were due on or before the date of application and the information provided in Sections 1, 2, and 3 of this application OR a copy of the Business' 2019 federal tax return, excluding schedules (redact the EIN or SSN and any signatures).
- 8. A copy of the Businesses' most recent bank statement is attached (redact the account number and any other confidential information), evidencing that the Business was in operation immediately before the November 18, 2020 effective date of Executive Order 20-65.

9. The Business employs at least one full time employee or FTE.

**Additional Terms and Conditions**

Failure to comply with eligibility requirements, eligible use of grant award proceeds, or making a material misrepresentation about the business and its operations to qualify for an award will be a provision of default of the award and subject the award to recapture and repayment by the Recipient. The County reserves the right to request additional documentation from the Recipient to verify the accuracy and authenticity of the information provided and subsequent to the award to conduct any audit of the grant program.

Should Linn County determine a default exists, the award may be forfeited and subject to repayment. Linn County may pursue any remedies available to it, including without limitation terminating this Agreement. Failure to repay or cure a default will result in any and all collection actions permissible by law, including through third party collection services or the Oregon Department of Revenue. The Recipient agrees to allow Linn County to pursue such collection actions.

**Certification**

I certify to the best of my knowledge that all information required by this application, or contained in the attached required supporting documentation, is complete, valid and accurate. I further certify that, to the best of my knowledge:

1. The required documentation has been reviewed and approved by the authorized owner(s), managers with appropriately delegated authority, and/or in accordance with the organization’s articles of incorporation, articles of organization or bylaws, and
2. Signature authority is verified. Only applications with proper signature authority documentation will be accepted.

**Check One:**

Yes, I am authorized to submit on behalf of the Recipient within authority granted in the Recipient’s articles of incorporation, articles of organization or bylaws. (e.g., President, Secretary, Chief Executive Officer, Board Chair, etc.)

No, I am not authorized to submit on behalf of the Recipient within authority granted in the Recipient’s articles of incorporation, articles of organization, or bylaws so I have attached documentation that verifies my authority to sign on behalf of the Recipient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Submit Completed Applications with any supporting documents by either email or regular mail to either the Albany or Lebanon Chambers of Commerce at:

Albany Area Chamber of Commerce  
PO Box 435  
Albany OR 97321  
email to: [jsteele@albanychamber.com](mailto:jsteele@albanychamber.com)

Lebanon Chamber  
1040 Park St.  
Lebanon OR 97355  
email to: [rebecca@lebanon-chamber.org](mailto:rebecca@lebanon-chamber.org)

OR, by regular mail or personal delivery to the Linn County Board of Commissioners at:

Linn County Board of Commissioners  
Linn County Courthouse  
300 4<sup>th</sup> Ave SW, Rm 201  
PO Box 100  
Albany, OR 97321

**Please Do Not Submit More Than One Copy of Your Application**

**Section 4: Chamber of Commerce Review and Approval For Compliance with Grant Eligibility Requirements**

Reviewed and Approved by Albany Lebanon Chamber of Commerce

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

**Section 5: Linn County Review and Approval for Grant Award**  
(Grant Award Subject to Availability of Award Funds)

Amount of Grant Award Approval: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

## Voluntary Demographic Questionnaire

You are encouraged to answer the voluntary demographic questions below. As a condition of receiving the funding for this business grant program, Linn County is contractually required to request this information from you and report it to the State of Oregon Department of Administrative Services if provided. Your response is completely voluntary. To be completed by business owners or organizational executives. Your responses will be reported in aggregate. Aggregated data gathered over time may be used to inform future outreach to certain demographic communities or to help the State think about new program design over time. The information, or declining to provide it, will not subject you to any adverse treatment and will have no impact on decision making regarding qualifications for any program or service. Please note that this information may be subject to public disclosure pursuant to Oregon Public Records Law.

Applicant Business Name: \_\_\_\_\_

### Personal Information

Owner Name: \_\_\_\_\_

What is your business ownership percentage? \_\_\_\_\_

What is your race? Select all that apply:

- Prefer not to answer  American Indian or Alaska Native  Native Hawaiian or Pacific Islander  Asian  
 White  Black or African American  Other (please specify): \_\_\_\_\_

What is your ethnicity? Select one:

- Prefer not to answer  Hispanic/Latino  Non-Hispanic/Latino

Please describe your ancestry or national origin (example: Russian, Vietnamese, Somali, German, Hmong, Mexican, etc.): \_\_\_\_\_  Prefer not to answer

What is your gender?

- Prefer not to answer  Male  Female  Other (please specify): \_\_\_\_\_

Are you a person with a disability, per the definition below?

The Equal Employment Opportunity Commission (EEOC) defines a covered disability under the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, a history of having such an impairment, or being regarded as having such an impairment.

- Prefer not to answer  Yes  No

Have you ever served in the U.S. Armed Forces, Reserves, or National Guard (including currently)?

- Prefer not to answer  Yes  No

Are you a member of a federally recognized tribe?

- Prefer not to answer  Yes (please specify): \_\_\_\_\_  No