



**Whatcom County, WA**  
**REGIONAL  
ECONOMIC  
PARTNERSHIP**

**Regional Strength Through Economic Diversity**

# SMALL BUSINESS RELIEF GRANT APPLICATION

## Contact Information

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**Full Legal Business Name**

**Doing Business As**

**Physical Street Address**

**City**

**State**

**Zip Code**

**Mailing Address if different**

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**Business Owner or Manager  
Name**

**Title**

**Phone Number**

**E-Mail Address**

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**Contact Person  
(if different)**

**Title**

Phone Number

E-Mail Address

## Organization Information

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**Year Business Established**

**Sole proprietor**

Yes

No

**Demographics: Select all that apply . As defined by the OWMBE**

Woman Owned

Tribal Owned

Minority Owned

Veteran Owned

OMWBE Certified

**Select industry sector**

Personal Service

Resturant /Food Business

Construction

Grocery Store

Manufacturing

Professional Service

Fishery/Marine

Tourism/Hospitality Related

Other

**UBI Number or Tribal Certification number**

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**Total # of full time employees**

*Working 40 hours or more.*

**Total # of FT & PT employees**

*Total amount can not be more than 20 FTE equivalent employees.*

**Total # part time employees.**

*Add hours of all PT employees and divide by 40 hours*

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**Description of Business**

(350 characters or less)

**Brief Description of economic injury starting March 1, 2020**

(500 characters or less)

**Q4 2019 Profit or Loss**

**Q4 2020 Profit or Loss**

**Q1 2021 Profit or Loss**

**What has been your revenue loss due to COVID-19 starting March 1, 2020**

(200 characters or less)

**What is your role in the supply chain? Do you contribute to other businesses?**

## Grant Amount Request

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**What is the current status of your business?**

- Open
- Closed due to COVID business impact
- Open on limited capacity due to current COVID Phase

**Amount of Grant funding requested**

**Type of Request.** Click all that apply. *Funding can not be used for other cost already covered by previous grants/loans such as PPP or EIDL*

- Rent
- Utilities
- General Operating
- Payroll
- Marketing/advertising
- Inventory/Supplies
- COVID -19 Related
- Other

**Do you have proof of qualified expenses from March 1, 2020 - June 1,2021?**

- Yes
- No

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**Most recent grants received:**

PPP Amount (1)

Date (1)

EIDL Amount (2)

Date (2)

**Did you receive Whatcom ReStart Grant?**

**Amount Awarded**

**Did you receive a Working Washington Small Business Grant ?*check all that apply.***

- 1.0
- 2.0
- 3.0
- 4.0

**Total Amount Awarded**

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**Other Grants**

**Is the company facing any pending litigation or legal action?**

**Does the company have any state compliance/regulatory issues within Washington State?**

## Signature and Acknowledgment

I declare under penalty of perjury that:

The information contained in this application is true and complete and that it is my responsibility to notify the Port of Bellingham if any of that information changes prior to June 1, 2021.

The funds requested (\$25,000.00) are necessary to remain operational and are not duplicative of any other funding received.

The funds will be used to pay or reimburse only eligible expenses incurred between March 1, 2020 and June 1, 2021.

I also attest, all expenses given relief for, have not been previously reimbursed by any other funder.

If awarded a grant, I agree to complete an electronic final report no later than December 31, 2021

Name and Date

To submit the application save it under your business name. The send as an attachment to :  
WhatcomADO@portofbellingham.com