

## CITYOFDONALD

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## **Donald COVID-19 Financial Business Assistance Program**

All Oregonians have been impacted by the COVID-19 pandemic. As Oregon works to recover from the devastating effects of the pandemic on our economy, the City of Donald has received federal funding through the State of Oregon to help our local residents and businesses who have suffered financially because of the crisis.

We are pleased to offer the **Donald COVID-19 Financial Business Assistance Program**. The priorities of this Program are to assist businesses that have suffered financially from the pandemic. This Program provides one-time financial assistance to eligible Donald businesses who have experienced loss of income due to shut-down or reduced service or increased business expenses as a direct result of the COVID-19 pandemic.

This program is not designed to assist those who were not impacted financially by the COVID-19 pandemic.

### **Program Overview:**

<u>Application</u>: Business owners complete an Application for Financial Assistance and provide supporting documents. Applications will be time/date stamped upon receipt. Incomplete applications or applications without the requested supporting documentation may be declined. **The Program begins at 8 AM on <u>Tuesday, November 24</u> and will continue until \$15,000 has been awarded.** 

<u>Review/Approval</u>: Complete Applications, with the supporting documentation, will be reviewed and, if applicable, approved for funding. To aid in the recovery of our local economy, every effort will be made to review complete applications upon receipt. **Applications will be reviewed on a first-come, first-served basis**. Approval will be based on demonstrated need and funding availability. Funding will be made available on a first-come/ first-served basis. There is no guarantee that the benefit will be paid and City of Donald will appropriate funds at its discretion.

Payment: approved payments will be distributed to applicants by the City of Donald.

<u>Confidentiality</u>: all applications and supporting documents will be treated as confidential. Names of applicants and their businesses and their individual financial situations will only be used to implement the financial assistance program. City Council will only receive aggregate data about the program.

<u>Priority:</u> In the event that the business need is greater than \$15,000 the priority for award will be given to small businesses, with less than 10 employees.

Qualifying Expenses: See page two of this Application for information about qualifying expenses.

#### FAQ:

- I received a stimulus check, does that disqualify me?
   Eligibility is not impacted by receipt of stimulus check.
- 2. I have overdue expenses from February, 2020. Can I get help with those expenses?

  Sorry, this program is specifically for expenses related to COVID-19 and incurred after March 1, 2020.
- 3. If you have already received financial assistance for an eligible expense from any organization, you are not eligible for another payment from the **Donald COVID-19 Financial Business Assistance Program.**

Questions: please do not hesitate to reach out to Heidi Bell, 971-715-8571 or to <a href="mailto:manager@donaldoregon.gov">manager@donaldoregon.gov</a> with any questions regarding this program.

# Donald COVID-19 Financial Business Assistance Program Application for Financial Assistance

 $\textbf{Instructions:}\ \ provide\ the\ requested\ information\ and\ attach\ the\ applicable\ supporting\ documents.$ 

Busin	ess Name:	Owner/Manager Name:		
Physic	cal Address:	Mailing Address:		
Phone	2:	Email:		
Numb	er of Employees:	Business Type:		
Tax II	) #	Donald Business License #:		
Numb	er of Years in Donald?	Number of Employees?		
Have	you received any federal, state or county grants for	COVID business relief: □Yes □No		
If yes, what agency(s) have you received funds from? And what expenses did this cover?				
Does your business need assistance for losses caused directly, or indirectly, from the COVID-19 pandemic and subsequent shut-down or 2-Week Freeze?   Please attach a spreadsheet outlining the funds requested and what the funds will be used for. Attach proof of the request.				
Eligibl	e Expenses: I am requesting financial assistance with the Please select ONE type of assistance.	ne following business expense or service.		
	Overdue <b>rent, lease or mortgage payment.</b> May not to exceed two (2) months, up to \$2,500. Only overdue rent, lease or mortgage expenses incurred after March 1, 2020. <b>Requires</b> : overdue mortgage statement or letter from landlord outlining past-due status and amount.			
	Overdue <b>utilities</b> (electricity, water/sewer, phone, cable, internet): not to exceed three (3) months, up to \$1,500 total. Only overdue utilities incurred after March 1, 2020. Multiple utility payments may be combined. <b>Requires</b> : utility company bills for all months requesting assistance.			
	Expenses related to <b>technology</b> used primarily for updates to technology for decreased customer contact, offer telework/remote work to employees or to allow business to hold virtual work meetings due to COVID-19. <b>Requires</b> : receipts for technology purchased after March 1, 2020, and signed confirmation that technology was used primarily for either remote work for employees or to decrease contact with employees. Up to \$1,000.			
	Purchase of <b>Equipment and/or PPE</b> to make the work environment comply with OHSA's COVID-19 rules and regulations. This can include the purchase of face coverings/masks, gloves, or hand sanitizing supplies or equipment needed to offset health risks for employees and/or customers. Up to \$500.			
	Purchase of OHA's <b>Required Signage</b> for business comeasures. Up to \$500.	mpliance with COVID-19 related to public health		

Mail completed applications, and supporting documents, to: Donald City Hall, Attn: Financial Assistance Business Program, PO Box 388, Donald, OR 97020. If you drop off your application in person, please practice social distancing and safety protocols and all application materials must be in a sealed envelope. Applications can be dropped off in the wall drop-box at City Hall.

By signing this Application for Financial Business Assistance, I certify that I have the authority to represent a current business of Donald, Oregon. I certify that the information I have included is true and complete. I certify that funds will be used in accordance with the attached agreement. By signing this application, I acknowledge that if anything is misrepresented, I may be ineligible for funds, or may have to repay any funds received, in part or completely. I acknowledge that I am not submitting this claim for any money that I have received payment for from a different organization. I acknowledge that all expenses I have submitted for, are directly related to the COVID-19 Pandemic. Furthermore, I acknowledge that I have read and agree to all the rules, provisions and policies in the Financial Assistance Business Program Agreement that is attached to this Application. The City of Donald has the sole right to end this program at its discretion at any time.

Printed Name:		_ Signature:	Date:	
Internal Use ONLY				
Date received:		Time	Received	
Date received:		Received:	By:	
Approved (Y/N)	Amount:			
Reason for denial:				