

State of Washington

## Washington State Community Small Business Resiliency Grant Program

Deadline 10/28/2020

[HIDE DESCRIPTION](#)[HIDE REQUIREMENTS](#)[HIDE RESTRICTIONS](#)

Description [\[hide this\]](#)

**The primary purpose of the Washington State Small Business Resiliency Grant Program is to support businesses that have been negatively impacted by the COVID-19 pandemic.** The State of Washington understands the challenges that many small businesses are currently facing. As an integral part of our community we want to support small businesses financially impacted by closures or restrictions related to COVID-19.

For businesses operating in Washington with a current business license, we have developed a Community Small Business Resiliency Grant Program using \$5 Million of Federal CARES Act Relief Funds. Grant funds can be used to cover working capital shortfalls due to COVID-19 hardship.

Commerce's intent is to award each eligible applicant the maximum award available up to \$10,000, based on the number of applications. HOWEVER, if the award per applicant would be less than \$4,000, the applications will be reviewed and scored. Points will be given for answers from questions 7 and 9, the longevity of the business, and then overall an equitable geographical distribution of applicants.\* Business owners with more than one business may apply; however, each business application will require a separate ZoomGrants account (using a different email) and unique UBI number.

All applicants awarded this grant program will be required to sign a grant agreement and provide bank information upon notice of award.

*Applications will be accepted between October 6, 2020 through 12 p.m. October 28, 2020.*

\*While there are goals for meeting the geographical distributions of funding small businesses from around the state, meeting these goals is contingent on the number of eligible, highly scored applications for each region.

Commerce reserves the right to update geographic distribution criteria.

If you require IT support with your application, please contact [questions@zoomgrants.com](mailto:questions@zoomgrants.com).

If you require support with application content, please contact Marco Dorado ([mdorado@ndconline.org](mailto:mdorado@ndconline.org)).

---

## Requirements [\[hide this\]](#)

### Application Requirements & Questions

Eligible Applicants must **meet the following criteria:**

- In operation since at least March 1, 2019;
- Has no more than 20 payroll (full-time or part-time) employees as of March 1, 2020;
- Licensed Washington State business in good standing with state and federal agencies. This means that your business must not have any compliance or regulatory issues as of March 1st, 2020. To check your business' status with the State Department of Labor & Industries, please visit [this website](#);
- Not been disbarred by the Federal Government;
- Not a licensed marijuana/cannabis operation;
- Not a K-12 school, college or university, library, non-profit organization, or government entity/agency;
- Has not previously received \$5,001 or more from the Washington State Department of Commerce's first round (May-July 2020) Working Washington Grant program;
- Not actively pursuing a bankruptcy declaration;
- Has documented business expenses due to COVID impacts during the period of March 1, 2020 to November 15, 2020; and
- Is not "double-dipping" for claimed expenses (not using other funding received from local, state or federal sources to cover the same expenses).

**Expenses Eligibility Test:** If all responses for a cost incurred are "true" for **all** five statements below, the cost is eligible for this grant funding request:

- The expense is connected to the COVID-19 pandemic.
- The expense is "necessary" to continue business operations.
- The expense is not filling a shortfall in government revenues (i.e., taxes, licenses, for state or federal government).
- The Business will self-attest that the expense is not funded by any other funder, whether private, State, or Federal.
- The business wouldn't be requesting assistance with expenses if they had not been impacted COVID-19.

Ineligible expenses include:

- Personal non-business expenses (i.e., home mortgage, personal utilities);
- Payment of state or Federal taxes; and
- Lobbying expenses/activities.

**Required Documentation:** Applicants will be required to upload the following documentation:

- **Applicant W-9 Request for taxpayer Identification Number.**
- **Copy of valid government issued photo I.D.** required for applicants **not working with** Department of Commerce [Trusted Community Messengers](#). If you are an applicant working with a Trusted Community Messenger, uploading a photo I.D. is **optional**.
- **Certification to do business** for tribal-member owned businesses without a UBI number, a letter or certification from the tribe recognizing you as a business is sufficient.

**Application Process: All applications must be submitted via ZoomGrants.** You will not be able to submit your application until all questions are answered. If a question doesn't apply, type "not applicable."

---

**Restrictions** [\[hide this\]](#)

**Businesses ineligible for this grant program are those:**

- Established after March 1, 2019;
- With over 20 payroll employees as of March 1, 2020;
- That did not experience a financial loss due to the COVID-19 crisis;
- Without a valid/current Washington State business license or have outstanding compliance or regulatory issues as of March 1st, 2020 with state and federal agencies;
- That have been disbarred by the federal government;
- That are licensed marijuana/cannabis operations in the state of Washington;
- One of the following:
  - K-12 School
  - College or university
  - Library
  - Nonprofit organization
  - Government entity/agency;
- Those actively pursuing a bankruptcy declaration;
- That have received more than \$5,000 from the Working Washington Small Business Emergency Grant; and
- That have received funding (private, state, or federal) for same expenses applying for with this application.

Additional businesses ineligible:

- Businesses headquartered outside Washington State, and
- Businesses that have Federal, State or Local Tax Liens.

**Applicant View**

Application Status:Not Submitted

You must be logged in to begin.

[Business Summary](#)

[Application Questions](#)

[Required Documentation](#)

[Activity Log](#)

---

## Business Summary

*(answers are saved automatically when you move to another field)*

**Instructions** [Show/Hide](#)

**Please answer all of the questions below. Applications with missing items will not be accepted.**

Please provide your business's legal name as a response to "Organization Legal Name/Entity Name" question in "Organization Information" section.

Please provide your business address by clicking "edit address" under "Organization Information" section.

If your business does not have a co-owner, please enter "not applicable" and re-enter your email address as a response to "e-mail" in "Co-Owner/Co-Applicant" section.

If you would like anyone else to have access to your application (including a Trusted Community Messenger, business partner, or staff member), please complete "Collaborators" section. If you are not receiving support, leave section blank.

### Business Name

### Applicant Information

First Name

Last Name

Telephone

Email

### Organization Information

*(changes to this data will be reflected on all other applications for this organization)*

Organization Legal Name/Entity Name

Address 1

Address 2

City

State/Province

ZIP+4/Postal Code

Country

Add Address

Telephone

Fax (optional)

Website (optional)

Federal Tax ID (EIN) (XX-XXXXXXX)

**Co-Owner/Co-Applicant**

First Name

Last Name

Title

Email

Next

FOR REFERENCE ONLY

State of Washington

## Washington State Community Small Business Resiliency Grant Program

Deadline 10/28/2020

[SHOW DESCRIPTION](#)

[SHOW REQUIREMENTS](#)

[SHOW RESTRICTIONS](#)

### Applicant View

Application Status: Not Submitted

You must be logged in to begin.

[Business Summary](#)

[Application Questions](#)

[Required Documentation](#)

[Activity Log](#)

[Transfer of Funds Request](#)

### Application Questions

*(answers are saved automatically when you move to another field)*

Instructions [Show/Hide](#)

**Please answer all of the questions below. Applications with missing items will not be accepted.**

**Applications will only be accepted through ZoomGrants** and only during the designated acceptance period. Applications submitted by mail, email, fax, courier or other methods will not be reviewed or considered. **Once you have answered all questions and uploaded required documents, you will be able to submit the application.**

## Pre-Screen Eligibility

---

### 1. Grant eligibility: If any of the statements below apply to your business, you are not eligible for this program.

Select all statements that apply to your business. If none apply, please click 'None of the above'.

- My business was established after March 1, 2019
- My business had more than 20 payroll employees (full-time or part-time) as of March 1, 2020
- My business did not experience a financial loss due to COVID-19
- My business is not in good standing with state and federal agencies and has outstanding compliance or regulatory issues as of March 1st, 2020
- My business has been disbarred by the federal government
- My business is a licensed marijuana/cannabis operation in the state of Washington
- My business is a K-12 school
- My business is a college or university
- My business is a library
- My business is a non-profit organization
- My business is a government entity/agency
- My business is currently in bankruptcy proceedings
- My business has received more than \$5,000 from the Working Washington Small Business Emergency Grant
- My business has received private or public funding for same expenses I'm applying for with this application
- None of the above

### 2. Expense Eligibility Test: In order to be eligible for this grant, allowable expenses must meet all five of the following conditions:

Select all that apply.

- The expense is connected to the COVID-19 emergency.
- The expense is "necessary" to continue business operations.
- The expense is not filling a short fall in government revenues. (i.e., taxes, licenses, state, county, federal and/or city fees)
- My business will self-attest that the expense is not funded by any other funder, whether private, State or Federal.
- My business wouldn't be requesting assistance with expenses if it had not been impacted COVID-19.

---

## Business Background Information

### 3. Date business was established: Please provide the date you registered your business with the Washington State Department of Revenue.

Insert date as MM/DD/YYYY. To look up when your business was registered, go to:

[https://secure.dor.wa.gov/gteunauth/\\_/](https://secure.dor.wa.gov/gteunauth/_/)

Maximum characters: 10. You have  characters left.

**4. How many payroll employees (full-time or part-time) did your business have on payroll as of March 1, 2020?**

*If your business had more than 20 payroll employees as of March 1, 2020, you are not eligible for this grant.*

Number of payroll employees as of March 1, 2020

**5. Please provide your business' nine-digit Unified Business Identifier (UBI) number. If your business does not have a UBI number, please provide an Individual Tax Identification Number (ITIN).**

*Provide an ITIN only if you do not have a UBI; you must then provide certification that you are authorized to do business in Washington State. Please label "UBI" or "ITIN" before the number you enter below.*

Maximum characters: 100. You have  characters left.

**6. Is your business a tribal-member owned business operating within a reservation only?**

- Yes
- No

**7. Business Status**

*For the purpose of this questions, minority is defined as African American/Black, Hispanic/Latino, Asian*



American, Pacific Islander, Native Hawaiian, Alaska Native, or Native American. Check all that apply.

- LGBTQ+ Owned
- Minority Owned
- Veteran Owned
- Woman Owned
- Certified OMWBE
- Not Applicable
- Decline to answer

---

**8. If 51% of business is minority-owned, please self-identify. Minority is defined as African American/Black, Hispanic/Latino, Asian American, Pacific Islander, Native Hawaiian, Alaska Native, or Native American. Other individuals may be found to be socially and economically disadvantaged on a case-by-case basis. Minority owned businesses are those where minorities: Own at least 51% of the business and show contribution of capital and expertise; Control the managerial and day-to-day operations; Are economically disadvantaged. "Economically disadvantaged" is generally defined as having a personal net worth less than \$1.32 million, not including a person's primary residence or an applicant business.**

*Check all that apply.*

- Black or African American
- Asian
- Hispanic or Latino
- Native Hawaiian or Asian Pacific Islander
- American Indian or Alaska Native
- Two or more races
- Not Applicable
- Other:
- Decline to Answer

---

**9. Does your business primarily serve one or more of the following communities?**

*Check all that apply.*

- Multi-ethnic persons
- Low-income persons
- Tribal members
- Veterans
- Not Applicable

---

**10. What industry sector best describes your business?**

*Check all that apply.*

- Administrative Services
- Art, Entertainment, or Recreation

- Childcare
- Educational Services
- Finance, Insurance, Real Estate
- Food or Beverage Production
- Healthcare or Social Assistance
- Legal Services
- Manufacturing
- Print-Publishing or Other Information
- Professional or Technical Services
- Restaurant/Food Services
- Retail
- Salon, Barbershop, Nail Shop
- Software or Telecommunications
- Transportation or Warehousing
- Utilities or Energy
- Wholesalers
- Other:

---

**11. Please briefly describe the business and its products/services:**

Maximum characters: 250. You have  characters left.

---

## Business Impact

---

**12. 2019 Gross Revenue (total sales): March 1, 2019, through June 30, 2019**

2019 Gross Revenue (total sales): March 1, 2019, through June 30, 2019

---

**13. 2020 Gross Revenue (total sales): March 1, 2020, through June 30, 2020**

2020 Gross Revenue (total sales): March 1, 2020, through June 30, 2020

---

**14. How many payroll employees (full-time or part-time) do you currently employ?**

Number of current payroll employees

---

**15. Have you reduced your staffing capacity since March 1, 2020 due to COVID-19?**

- Yes, we have laid off payroll employees
- Yes, we have reduced payroll employee hours
- Yes, we have laid off payroll employees AND reduced payroll employee worker hours
- No, we have not reduced staffing and operate the same hours

---

**16. If you have laid off payroll employees, how many have you laid off?**

Number of payroll employees laid off due to COVID-19

---

**17. How worried are you about your business surviving this challenge?**

- Not worried, no negative impact
- Some impact, but we'll make it
- Worried about the impact and staying in business
- Very worried and don't know if we'll make it through

---

**18. Has your business previously received any Working Washington Grant awards of \$5,001 or more?**

- Yes
- No
- I applied but have not been notified of a decision yet

---

**19. Was your business required to close by government mandate following March 1, 2020?**

- Yes
- No

---

**20. Is your business still closed due to government mandate?**

- Yes
- No

---

**Other Financial Support**

---

**21. Has your business received funds from: Paycheck Protection Program (PPP), Economic Injury Disaster Loans, Community Development Block Grant, or other recovery funding?**

*Answering "yes" does not make you ineligible for this grant as long as the expenses paid for with other sources are not the same expenses you intend to use this grant for.*

- Yes  
 No

---

**22. If you answered "Yes" to the previous question that your business received funds from other sources, please list the funding source and total amount of funding received from each source.**

*If you answered "No", then please write "N/A".*

Maximum characters: 500. You have  characters left.

---

## Use of Funds

**23. Why is this grant funding important to your business?**

Maximum characters: 1000. You have  characters left.

---

**24. Is there anything else you would like us to know as part of your application? (Optional)**

*Please provide any additional information you'd like for us to know. If there isn't additional information you'd like to share, please write "Not Applicable."*

Maximum characters: 1000. You have  characters left.

## Application Support

**25. Did you receive assistance from a Trusted Community Messenger (Technical Assistance provider) in filling out your application?**

*If yes, you will also be asked to answer questions 26 & 27. If no, they will be removed.*

- Yes
- No

**26. If you received assistance in filing out your application, please select the Trusted Community Messenger organization that provided assistance.**

- African Chamber of Commerce of the Pacific Northwest (ACCPNW)
- Asia Pacific Cultural Center (APCC)
- Community Health Worker Coalition for Migrants and Refugees
- Federal Way Black Collective
- Filipino Community of Seattle
- Friends of Little Saigon - Seattle
- GSBA
- Hispanic Metropolitan Chamber
- India Association of Western Washington (IAWW)
- Inland Northwest Business Alliance Chamber
- Latino Community Fund of WA State
- Multi-Ethnic Business Association (AHANA-MEBA)
- Seattle Chinatown International District Preservation and Development Authority
- Seattle-Washington State Korean Association
- Sister Sky, Inc.
- Spokane Independent Metro Alliance (SIMBA)
- Tabor 100
- Tacoma Urban League
- Tri-Cities Hispanic Chamber of Commerce
- Ventures

27. For Trusted Community Messenger: If you assisted the applicant with completing and submitting this application please provide your name and email below. By signing below, you acknowledge that you've supported and reviewed this applicant's submission for the Community Small Business Resiliency Grant Program. That you have verified, to the best of their and your knowledge, their responses are complete, correct, and that the applicant has confirmed their identity.

*First Name, Last Name, Email Address*

Maximum characters: 255. You have  characters left.

### Certification I

28. I certify that I am authorized to submit this proposal on behalf of the business.

*Select "Yes" to confirm your certification.*

Yes

### Certification II

29. I certify this business does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran's status, pregnancy or genetic information.

*Select "Yes" to confirm your certification.*

Yes

### Certification III

30. I certify the information provided is accurate and duly reflects the applicant's business activities. I attest that, if awarded Community Small Business Resiliency Grant funding, the award will be used to cover expenses incurred between March 1, 2020, and November 15, 2020, due to financial hardship caused by the COVID-19 pandemic and that this funding will be used for expenses not covered by other COVID-19 related public or private funding sources. I acknowledge my business may be asked and may be required to provide receipts or additional documentation for up to 6 years following the receipt of any grant funding. If any of the expenses paid with grant money are found ineligible according to Federal Treasury or application guidelines, I agree to reimburse Commerce the full amount of the grant award.

*Select "Yes" to confirm your certification.*

Yes

---

## Certification IV

---

**31. I certify that my business is active and does not have any compliance or regulatory issues with state or federal agencies, as of March 1st, 2020.**

*Select "Yes" to confirm your certification.*

Yes

---

## Signature

---

**32. Please Note: By entering data into the next field (Name, Title, and Date) you are: 1.Representing that you are an officer or other agent duly authorized to enter into legally binding agreements. 2.Agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction. 3.Agreeing that your insertion of data into these following fields constitutes an electronic signature**

*Please type your name, title, and date in the box below. Once you sign below, and click "next," you'll be promoted to upload required documentation before submitting the application.*

Maximum characters: 255. You have  characters left.

---

[Previous](#)

[Next](#)

**Instructions** [Show/Hide](#)

**As part of the application process, please provide the following documentation:**

1. **Applicant W-9 Request for taxpayer Identification Number.**
2. **Copy of valid government issued photo I.D.** required for applicants **not working with** Department of Commerce [Trusted Community Messengers](#). If you are an applicant working with a Trusted Community Messenger, uploading a photo I.D. is **optional**.
3. **Certification to do business** for tribal-member owned businesses without a UBI number, a letter or certification from the tribe recognizing you as a business is sufficient.

**Documentation will only be accepted through ZoomGrants** and only during the designated acceptance period. Applications submitted by mail, email, fax, courier or other methods will not be reviewed or considered.

<b>Documents Requested *</b>	<b>Required?</b>	<b>Uploaded Documents *</b>
Applicant W-9 Request for Taxpayer Identification Number <a href="#">Download template: W9 Request for Tax Payer Identification Number</a>	Required	<a href="#">Upload</a>
Copy of valid government issued I.D. (required if you are not working with a Trusted Community Messenger)	-none-	<a href="#">Upload</a>
Certification of authorization to do business in Washington (required for businesses with ITIN number)	-none-	<a href="#">Upload</a>

\* ZoomGrants™ is not responsible for the content of uploaded documents.

[Previous](#)