

## **The Oregon City Small Business Recovery Grant Application Form**

**The open-application period is from January 2, 2023, at 9:00a.m. to January 9, 2023, at 5:00 p.m.**

**Applications received before or after the open period will not be considered.**

**Our preferred method of applying is online using the application portal in Submittable ([link](#))**

\*This application is provided if you have problems navigating the online form or would prefer to turn in your application by email, by mail or in person. After you have completed the form and saved a final version of the file to your computer, you may then submit the file

### **Emailing completed grant application forms:**

Email the completed application and additional documents as attachments to the grant program email address: [BRC@oregoncity.org](mailto:BRC@oregoncity.org)

*Email submissions can only be made from  
January 2, 2023, at 9:00a.m. to January 9, 2023, at 5:00 p.m.*

### **Mailing or delivering completed fillable PDF grant application forms:**

If you are unable to submit application via e-mail, mail or deliver in-person or the printed and completed application and attachments to the following address:

**Oregon City Chamber of Commerce  
PO Box 516  
Oregon City, OR 97045**

*Mailed submissions must be received no later than: Monday, January 9, 2023  
Postmarks before January 2, 2023 will not be considered*

*In-person submission drop-offs can only be made Monday - Friday, 9:00am-4:00 pm*

**\*[Questions? Please contact: Oregon City Grant Program Manager at \[BRC@oregoncity.org\]\(mailto:BRC@oregoncity.org\)](#)**

- ☐ **My business is a for-profit business**
- ☐ **My business has been in continuous operation since at least January 2020 (excluding mandatory shutdowns)**
- ☐ **My business has an active registration with the Oregon Secretary of State's business registry database**
- ☐ **My business is in compliance with all federal, state, and local laws and regulations**

☐ **My Business is located in one of the following Zip Codes in the Oregon City Chamber Service Area:**

97027 - Gladstone  
 97045 - Oregon City  
 97004 – Beavercreek  
 97013 - Canby  
 97038 - Molalla  
 97042 - Mulino  
 97017- Colton  
 97022 - Eagle Creek  
 97023 - Estacada

**My business type:**

- ☐ Travel
- ☐ Tourism
- ☐ Hospitality
- ☐ Fitness-related
- ☐ Restaurant & Bar
- ☐ Food & Beverage
- ☐ Retail
- ☐ Personal
- ☐ Construction and contracting
- ☐ Manufacturing
- ☐ Health Care & Social Services
- ☐ Arts & Entertainment and Recreation
- ☐ Professional, Scientific & Technical Services
- ☐ Wholesale Trade
- ☐ Educational Services
- ☐ Property & Real Estate
- ☐ Other

- ☐ **My business has 50 or less Full Time or Equivalent (FTE) employees  
 (Please count Part Time Employees as .5 FTE )**
- ☐ **I can attest neither I nor my business owe delinquent state or federal back taxes not otherwise included in a government-established repayment plan and I can provide proof of this, if requested.**
- ☐ **My business needs assistance to cover payroll, rent, mortgage, utilities or other basic operational costs of my business, and any payment I may receive from this program will not be used to pay for federal, state, or local fines related to non- compliance with COVID-19 mitigation measures.**

**Owner last name, first name:**

**Last Name**

**First Name**

**Official Business Name (Include Tribe if Tribal Government)**

**EIN or Social Security Number or used in filing business taxes**

Employer Identification Number (EIN) is also known as a Federal Tax Identification Number

*\* Required for 1099 issuance.*

**Street Address of Operations**

**City of Operations**

**Zip Code of Operations**

**Mailing Address (if different)**

**Email Address**

**Phone Number**

☐ I attest that I am, or if applicable, my Tribal Government is, the true and legal owner of the business listed

☐ I am applying on behalf of the owner, and I certify that the person completing the application, by permission of the true and legal owner, represents the true and legal owner of the business

**Name of representative of owner:**

**First Name**

**Last Name**

**Representative of owner phone number**

**Representative of owner email address**

**All applicants must attest to the following to proceed with the application**

- My business is a for-profit business.
- My business has 50 or less Full Time Equivalent (FTE) employees (Please count Part Time Employees as .5 FTE each.)
- Neither I nor my business owes delinquent state or federal back taxes not otherwise included in a government-established repayment plan and I can provide proof of this, if requested.
- My business is in compliance with all federal, state, and local laws and regulations
- My business is either independently owned and operated or is operated by a Tribal Government or operates on Tribal lands.
- If awarded, I understand the amount awarded may be subject to state or federal taxation. OCCC will issue my business an IRS form 1099 at the end of this tax year.
- If awarded, I intend to use this assistance to cover payroll, rent, mortgage, utilities, or other basic operational costs of my business, and not to pay for federal, state, or local fines related to non-compliance with COVID-19 mitigation measures.
- If awarded, I will save all documentation supporting my application for a period of 5 years and have such documents available for review, if requested, by OCCC or state or federal agencies.

I attest all of the foregoing are true

- ☐ Yes, I attest
- ☐ No, I do not attest

**Do not continue application if you do not attest to all the criteria listed.**  
**Applicant must attest to all the criteria listed.**

- ☐ Please email or provide a copy of a non-expired, government-issued picture ID, with name legible, of the true and legal business owner.
- ☐ Please email or provide a current, completed, and signed IRS W-9 form.

**Business type (select one)**

- ☐ Sole proprietorship
- ☐ Corporation
- ☐ Limited Liability Company (LLC)
- ☐ Limited Partnership
- ☐ General Partnership
- ☐ Limited Liability Partnership

Enter your NAICS code here:

You can search for your NAICS code [here](#)

Enter your Oregon Business Registry number here:

Oregon Business Registry number search [here](#)

Number of full-time employees:

(Please count Part Time Employees as .5 FTE each.)

**Is your business Minority, Woman or Veteran owned (51% ownership required)?**

- ☐ Minority-owned
- ☐ Woman-owned
- ☐ Veteran-owned
- ☐ None of the above
- ☐ Choose not to answer

*Applicant may choose more than one response*

*Response to this question is voluntary and will not affect your opportunity for award opportunities.*

*Data will be collected only for statistical analysis for the current and future grant programs.*

**If Minority-owned, how would you best describe yourself?**

- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latin
- ☐ Multiracial or Biracial
- ☐ Native American or Alaska Native
- ☐ Other - a race/ethnicity not listed here
- ☐ I wish not to specify

**If Other was selected in previous question, how would you best describe yourself?**

*This question required only if previous question was answered as "Other."*

*Responses to this question are voluntary and will not affect your opportunity to receive an assistance payment. payment.*

*Data will be collected only for statistical analysis to inform current and future assistance programs.*

**Business Location Type**

- ☐ Storefront / Brick and Mortar
- ☐ Home-Based
- ☐ Online
- ☐ Other (describe below)

**If Other was selected in previous question, please enter Business Location Type below**

**Has your business received COVID-19 related publicly funded small business assistance?**

- ☐ Yes
- ☐ No

**If you have received COVID-19 related publicly funded small business assistance, please check box, and fill in amount below:**

- ☐ Paycheck Protection Program
- ☐ Employee Retention Credit
- ☐ Paid Leave Credit
- ☐ Rent Relief Payments
- ☐ Restaurant Revitalization Fund
- ☐ Shuttered Venue Operators Grant (SVOG).
- ☐ Federal, State, County or Local Business Assistance Payments
- ☐ Other COVID-19-related Direct Small Business Financial Assistance

Please list total dollar amount from all relief funding received to date

If you qualify for a grant by meeting eligibility requirements, approximately how much money are you requesting to cover your eligible losses?

In your own words, provide an explanation as to how your small business has struggled due to the pandemic.

**Travel, Tourism and Hospitality industries include:**

- Tourism and tourism-connected providers, including travel agents, tour guides, tour operators, tourism organizations (such as museums, historical site operators, etc.)
- Transportation, including water transports, coach services, car rental agencies. (Uber and Lyft independent contractors do not qualify as they are not independently owned.)
- Accommodation, including hotels, motels, hostels, camping services, agritourism, and bed and breakfasts (Airbnb operators and hotels associated with chains do not qualify as they are not independently owned.)
- Food and Beverage, including restaurants, catering services, nightclubs, bars & cafés, food carts, and the like. (Chain food and beverage businesses do not qualify as they are not independently owned.)

**Fitness-related industries include:**

- Gyms, fitness centers, personal training, dance studios, yoga studios, martial arts centers, swimming facilities, indoor courts, etc.

**Drycleaning and laundry related industries include:**

- Drycleaners, laundromats, diaper services, pick-up and drop-off laundry services, laundry equipment providers and maintenance services, etc.

Choose your industry:

- ☐ Travel
- ☐ Tourism
- ☐ Hospitality
- ☐ Fitness-related
- ☐ Drycleaning and Laundry Services
- ☐ Other (describe below)

If Other was selected in previous question, please enter Industry below

Does your business fall under one or more of the following industry categories? Please choose all that apply

- ☐ Travel, Tourism and Hospitality Industry
- ☐ Fitness-related Industry
- ☐ Drycleaning and Laundry Service Industry
- ☐ Operated by a Tribal Government or Located on Tribal Land

**If Applicant has chosen at least one of the industry categories above, the applicant is considered a "Disproportionately impacted small businesses" and is presumptively eligible. Proceed directly to the Application Attestation question and signature at the end of this form.**

**If Applicant has not chosen at least one of the industry categories above, the applicant is required to provide additional statements and documents to qualify and must proceed with the application.**

Additional eligibility information required questions for your small business to demonstrate eligibility for this program, the federal government requires proof of a negative economic impact related to the COVID-19 pandemic. This can be demonstrated in one or more of the following ways:

- 2020 or 2021 decline in revenues (due to periods of mandatory business closure or otherwise) compared to 2019
- Increased Payroll Costs or Employee Retention Issues
- Increased Costs of Goods Sold/Supply Chain/Goods Shortage

**APPLICANT IS ONLY REQUIRED TO CHOOSE ONE ELIGIBLE CATEGORY OF ECONOMIC IMPACT ABOVE IF SUBMITTED DOCUMENTATION SUPPORTS THE CLAIM.**

**\*\*\*Provide an explanation below (using your 2019, 2020 and/or 2021 tax returns) as to how your small business has struggled with a decline in revenues due to the pandemic. Also, attach supporting documents.**

- ☐ Submit a copy of your 2019 tax returns
- ☐ Submit a copy of your 2020 tax returns
- ☐ Submit a copy of your 2021 tax returns
- ☐ Submit any other documentation necessary to demonstrate a decline in revenue.

**OR**

**\*\*\*Provide an explanation below as to how your small business has struggled with payroll costs or retaining employees has been negatively economically impacted by the pandemic. Also, attach supporting documents.**

- ☐ **Email or send in any documentation necessary to demonstrate increased payroll costs or employee retention.**

Negative economic impact (increased payroll costs, demonstrated loss of employees) must be clear and significant, around 10% or more for costs, 20% or more for full time equivalent counts.

Accounting system payroll reports from 2019 may be compared to payroll reports from either 2020 or 2021 or reports from 2020 compared to 2021 for payroll costs.

Issues related to retention of employees may be documented by showing the average full-time equivalent counts from 2019 compared to full time equivalent counts from either 2020 or 2021 sourced from your accounting system or employee records.

**OR**

**\*\*\*Provide an explanation below as to how your small business has struggled with increased cost of goods sold due to pandemic-related inflationary pressure, supply-chain challenges, or losses due to unavailability of goods.**

**Also, attach supporting documents.**

- ☐ **Email or send in any documentation necessary to demonstrate increased cost of goods sold.**

Negative economic *impact for increased cost of goods sold must be clear and significant, around 10% or more.*

Accounting system cost-of-goods sold reports from 2019 may be compared to the same report from either 2020 or 2021 or 2020 data may be compared to 2021.

You may also submit recent quarter-over-quarter reports showing increased cost

## Attestation and Signature

By checking the attestation box below and entering my first and last name and date at the bottom this application, I attest:

The information provided on this form, and any supporting documents uploaded (if applicable), are true and complete to the best of my knowledge.

I understand I may be contacted by OCCoC staff to provide additional information or documentation which OCCoC, in its sole discretion, may require to complete my application and/or establish my eligibility.

I understand that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to law enforcement referral and/or referral to the State of Oregon, Department of Administrative Services, for further investigation

☐ I attest all of the foregoing are true

Signature:

First

Name:

Last Name:

Date: