



Community Action Center - Whitman County

Community Development Block Grant Program (CDBG)

Microenterprise Assistance Application & Verification Form

Up to \$5,000 total is available to qualifying business owners impacted by COVID-19 for a microenterprise assistance grant. To apply and to qualify for assistance, you must meet the program requirements, submit required documentation, and certify this form before 12/31/2022. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Owner Name(s):			
Owner Address:			
Email (owner contact):			
Owner Phone		Total Amount Requested	\$
Business information			
Business Name			
Business Address			
Business Description			
Business Type	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	In business since (date)	
Proposed Use of Funds	<input type="checkbox"/> Payroll <input type="checkbox"/> Sewer Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Other: _____		
	Data	YES	NO
<i>MICROENTERPRISE</i> Are you a Washington State registered business having five or less employees, including the owner(s)?	# of FTE employees, including owner(s): # _____ <i>If # is greater than 5, business is ineligible</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business impacted by COVID-19 resulting in a revenue loss of 25% or more from one year previous?	EST. % loss of revenue from prior to pandemic: _____%	<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> - Was your business temporarily closed or services reduced by official order?	EST. # of days closed/reduced: # _____	<input type="checkbox"/>	<input type="checkbox"/>
Was your business, or you personally, current on obligations for city, state, or federal taxes, child support, or any other fees or penalties?		<input type="checkbox"/>	<input type="checkbox"/>



LMI Household Income Qualification Questions							
Total Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), <i>from all adult family and non-family members</i> in the household. (Do not use business gross income.)							
Total Household Income during the last tax year or the last 12 months						\$	
Total Household Income <i>anticipated</i> during the next 12 months						\$	
CIRCLE the <u>number</u> of people in your household, including yourself:							
1	2	3	4	5	6	7	8+
\$41,400	\$47,300	\$53,200	\$59,100	\$63,850	\$68,600	\$73,300	\$78,050
Is your <i>anticipated</i> total household income LOWER or HIGHER than the \$ amount listed below the number of people circled above?						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>

- If you answered **LOWER**, attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements)
- If you answered **HIGHER**, you may not qualify for CDBG microenterprise assistance without additional household income documentation, or you may be eligible for other assistance. Contact the *Community Action Center* for further instruction.

Conflict of Interest Disclosure: I hereby declare that any person(s) employed by the *Community Action Center*, who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived therefrom, has been identified and the interest disclosed below (or attached):

Describe: _____

➤ **Ethnicity/Race & Special Group Questions**

Please provide the following confidential information:

Ethnicity	(select one)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (select one)			
White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	Other or Multi-Racial	<input type="checkbox"/>
<input type="checkbox"/> <i>I decline to answer Ethnicity/Race questions</i>			
Female Head of Household		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Minority- or Women's Business Enterprise		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business <u>DUNS number (not required)</u>			

Please continue by answering the Supplemental Questions & Household Member information chart on the following pages page.

List all Household Members (this includes children, roommates, live-in care providers, etc.)											
Name First, M Initial, Last	Gender (male, female, other)	Social Security Number	Birthday (MM/DD/YYYY)	Relation: Spouse, Partner, Child, Relative, Roommate, Other	Disabled	Race: American Indian or Alaskan Native, Asian, Black, Native American or Pacific Islander, White, Multi-Race, Other	Hispanic or Latino	Education: 0-8 9-12 HS Grad/GED 12+ 2-4yrs Degree	Basic Food enrollee (Food Stamps)	Health Insurance Private, Medicaid, Medicare, Veteran, Other, Or "None"	Veteran
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list income for all household members below:
(Earned income, Unemployment, SSA, SSD, SSI, TANF, GA/ABD, Pension, Retirement, L&I, Child Support, Rental Income, Self-Employ, other)

Household Member	Income Source	Monthly Amount

Applicant Certification: I certify information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. *I authorize data verification by federal, state, and local government representatives and will provide supporting documentation required (e.g., payroll records, tax filings, bank account statements, etc.), if necessary.*

I give my permission for this agency to request/release necessary information that may result in my receiving benefits from this assistance request, and from similar and related programs administered by the State of Washington. I further authorize this agency to use my personal information within their organizations for the purpose of identifying and reporting unduplicated non-personal applicant data.

Signature: _____

Date: _____