

# Mercer Island COVID-19 Relief for Small Businesses Grant

## APPLICATION

Please complete this application form and submit to Sarah Bluvas, EOC Small Business Liaison, at [sarah.bluvas@mercerisland.gov](mailto:sarah.bluvas@mercerisland.gov). The application closes Thursday, October 29, 2020, at 5:00pm. You may also complete this application online: [Link to SurveyMonkey application here](#)

Registered Business Name:

Organization Type:  LLC  Sole Proprietorship  Corporation  Partnership  501(c)(3)

Website:

Physical Address:

*Organizations must be located within Mercer Island City Limits*

Primary Contact:

E-mail:

Phone Number:

Mercer Island business license number:

Expiration date:

Was the organization open & licensed in Mercer Island on/before January 1, 2020?  Yes  No

What is your primary business activity? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Traditional Retail (bookstore, boutique, specialty shop, gallery, etc.) | <input type="checkbox"/> Food & Drink Establishment (restaurant, tavern, etc.) |
| <input type="checkbox"/> Professional Services (CPA, real estate, etc.)                          | <input type="checkbox"/> Personal Services (hair salon, esthetician, etc.)     |
| <input type="checkbox"/> Health/Wellness (dentist, physical therapy, etc.)                       | <input type="checkbox"/> Fitness Studio/Gym                                    |
| <input type="checkbox"/> Childcare/Education Services  | <input type="checkbox"/> Entertainment/Arts/Recreation                         |
| <input type="checkbox"/> Other (please specify):   |  |

Did your organization close under the Governor's "Stay Home, Stay Healthy" order?

- Yes – closed completely  
 Yes – offered limited services (online, by phone, etc.)  
 No – altered business activity  
 No – business was open as usual

What is the likelihood of your organization permanently closing?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Not likely      | <input type="checkbox"/> Very likely |
| <input type="checkbox"/> Somewhat likely | <input type="checkbox"/> Not sure    |

If awarded this grant, will it help your organization remain open?  Yes  No

How has revenue been impacted by the COVID-19 pandemic (compared to revenues in 2019)?

- 0-24% reduction
- 25-40% reduction
- 41-60% reduction
- 61-80% reduction
- 81-100% reduction
- Revenues are the same as last year
- Revenues have increased over last year

Number of FTE employees (including business owner) on 01.01.20:

Number of FTE employees (including business owner) on 05.01.20:

If awarded this grant, will it help you retain jobs?  Yes  No

Briefly describe any other adverse impacts your organization has suffered due to the COVID-19 pandemic.

Briefly list the expenses that will be covered if grant funds are awarded. Eligible expenses include business rent/mortgage payments, payroll expenses, PPE and other sanitation supplies, and other COVID-19 related expenses that have not been covered by other funding sources. View the full list of eligible expenses [here](#).

Has the organization received any state, federal, or other funding related to COVID-19?  Yes  No

If so, how will the funds from this grant program be used differently?

**CERTIFICATION**

I certify that the information included in this application is true and correct to the best of my knowledge and that I am an authorized representative of this organization.

If awarded a grant, I agree to enter into a Subrecipient Grant Agreement with the City of Mercer Island and will:

- Use grant funds in the intended manner; and
- Have all documentation readily available in case an audit is conducted to verify the use of funds

I understand that the City of Mercer Island will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation or inaccurate information may result in disqualification of the grant application, default of the grant, possible civil or criminal penalties, and/or request for repayment of grant funds.

Signature: \_\_\_\_\_ Date:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**E-mail the completed and signed application to Sarah Bluvas, EOC Small Business Liaison, at [sarah.bluvas@mercerisland.gov](mailto:sarah.bluvas@mercerisland.gov). Include “Mercer Island COVID-19 Relief for Small Businesses Grant Program” in the e-mail subject line. Applications are due Thursday, October 29, by 5:00pm PST.**