



Small Business Grants

Opens: 8:00am January 31, 2023

Application link: OregonBRC.org/business-grants

*****IMPORTANT: Applications are open until grant requests exceed available funds:**

- 97140 - Sherwood – OPEN
- 97303 - Keizer – CLOSED
- 97115 - Dundee – CLOSED
- 97070 - Wilsonville - OPEN
- 97132 - Newberg - CLOSED
- 97137 - St. Paul - CLOSED

Free language assistance:

If you would like help with this application, call the Oregon Business Recovery Center at 503-682-0411 or email BRC@wilsonvillechamber.com. We will provide language translation services at no cost to you.

SECTION 1: GRANT SUMMARY

The Oregon Business Recovery Center Small Business Grants are designed to help owners negatively impacted by COVID-19 recover some of their losses. Funds are allocated out of the US Treasury's State and Local Fiscal Recovery Fund (SLFRF) as part of the federal American Rescue Plan Act (ARPA).

- Minimum grant award: \$2,500
- Maximum grant award: \$10,000
- If you received more than \$5,000 in prior COVID-19 support, the maximum grant is \$7,500

Your primary place of business must be located inside one of the following zip codes:

- 97303 (Keizer area)
- 97070 (Wilsonville area)
- 97140 (Sherwood area)
- 97132 (Newberg area)
- 97115 (Dundee area)
- 97137 (St. Paul area)

Disproportionately impacted businesses:

The U.S. Treasury considers the following small businesses "disproportionately impacted" by COVID-19 and "presumed eligible" for assistance. They still need to meet all basic grant qualifications but do NOT need to show proof of financial impacts from COVID-19:

- Small businesses operated by a Tribal government or operating on Tribal land.
- Small businesses located in a Qualified Census Tract (QCT).
- Small businesses in the Travel, Tourism, and Hospitality Industries (Examples: restaurants, cafes, bars, hotels, Bed & Breakfasts, tourism businesses, travel agents, transportation businesses).

Businesses that are "Impacted" but not "disproportionately impacted":

If you do not qualify as a disproportionately impacted business, you must upload documents showing your COVID-19 financial impacts.

- The grant amount you receive cannot be higher than your actual losses.
- Minimum losses must be \$2,500.
- There are several methods to choose from to show your losses.
- You can pick the method that shows your greatest losses.

SECTION 2: APPLICANT INFORMATION

Business Owner/Applicant

First name _____ Last name _____
Phone _____ Email _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____

Business information

Official Business name (DBA) _____
Include Tribe if a Tribal business: _____

Address 1 _____
Address 2 _____
City _____ State _____ Zip _____
Phone _____ Website _____

Name of Representative of owner (if applicable)

First name _____ Last name _____
Title _____
Phone _____ Email _____

SECTION 3: AM I A DISPROPORTIONATELY IMPACTED BUSINESS?

Before answering **Question #1** of the Small Business Grant application, you need to find out if your business has been **“Impacted”** or **“Disproportionately Impacted”** by COVID-19.

Small Business Application: Question 1

1. Does your business meet the qualifications for a "Disproportionately Impacted" small business?

- Yes, my business is owned by a Tribal government or is located on Tribal land.
- Yes, my business falls inside a “Qualified Census Tract” (QCT) in either Keizer or Newberg.
- Yes, my business is in one of the following industries: Travel, Tourism, or Hospitality.
- No, my business was not disproportionately impacted by COVID-19.

Why this matters: A “disproportionately impacted,” business owner will answer fewer questions and does NOT need to show proof of COVID-related financial impacts. *Your business may fall into one or more categories, but you only need to qualify in ONE disproportionate category.*

If you were “impacted” by COVID-19, you can still apply, but you will need to answer questions about your COVID-related financial impacts and upload additional documents.

3 Categories: Disproportionately impacted by COVID-19

Category 1: Your business is owned by a Tribal government or located on Tribal land

If your business is located on Tribal land or owned by a Tribal government, you are considered disproportionately impacted by COVID-19. **Check the first option under Question #1.**

Category 2: Your business is located in a Qualified Census Tract (QCT)

***Important: Wilsonville, Sherwood, St. Paul, and Dundee do NOT have a QCT.

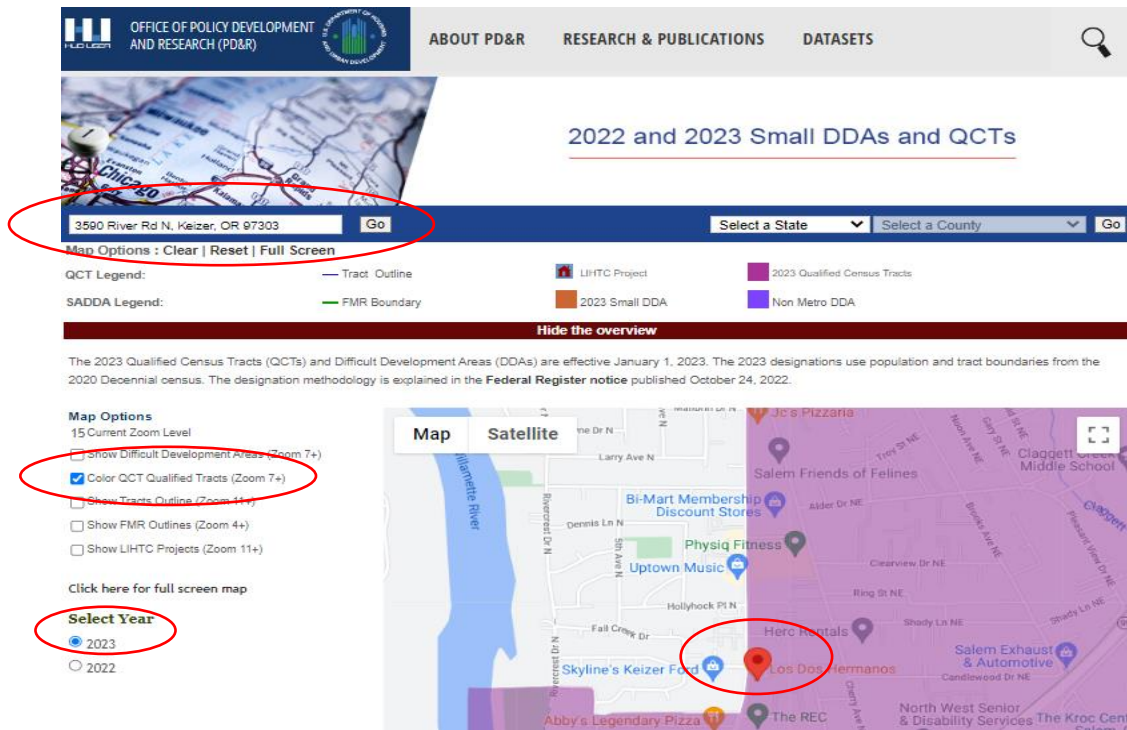
If your primary place of business is located inside the boundaries of a low-income community as defined by the US Census Bureau, you are considered disproportionately impacted by COVID-19. Only two zip codes have a QCT: 97303 (Keizer area) and 97132 (Newberg area). Only a portion of the zip code in these communities qualify, so go through the steps below to find out if your business is inside a QCT boundary (see map on second page):

Step 1: Go to the QCT website: https://www.huduser.gov/portal/sadda/sadda_qct.html

Step 2: Enter your business address in the upper left-hand side and click “Go.”

Step 3: Under Map Options, check “Color QCT Qualified Tracts” and select the year 2023.

If your business is inside the purple highlighted area (see below), your business is in a QCT. **Check the second option under Question #1.**



Category 3: Your business is in the Travel, Tourism or Hospitality industry

Your business industry is defined by your NAICS code. You can find your NAICS code on your tax documents or look it up here: <https://www.census.gov/naics/>

1. Travel: Travel agents, water transport, coach services, car rental agencies. (Uber and Lyft contractors do not qualify as they are not independently owned businesses.)
2. Tourism: Tour guides & operators, performing arts, entertainment, live events, recreation.
3. Hospitality:
 - **Accommodation:** Hotels, motels, hostels, camping services, bed and breakfasts. (Airbnb operators and chains do not qualify as they are not independently owned.)
 - **Food and Beverage:** Restaurants, catering services, cafés, pubs, food carts (chain businesses do NOT qualify as they are not independently owned.)

If you are in the travel, tourism, or hospitality industry, you are considered disproportionately impacted. **Check the third option under Question #1.**

My business is NOT disproportionately impacted – what do I do?

If you do not qualify as disproportionately impacted, you could be an “Impacted” business.” You can still apply for the small business grant but will need to answer questions about your COVID-related financial impacts and attach additional documents.

Check the fourth option under Question #1.

SECTION 4: APPLICATION QUESTIONS

1. Does your business meet the qualifications for a "Disproportionately Impacted" small business? (check one box) *Before answering this question, refer to the section above titled "Am I a Disproportionately Impacted business?"*

- My business is owned by a Tribal government or is located on Tribal land.
- My business falls inside a "Qualified Census Tract" (QCT) in either Keizer or Newberg.
- My business is in one of the following industries: Travel, Tourism, or Hospitality.
- My business was impacted by COVID-19 but does NOT fall into one of these categories.

2. Enter your Social Security number (SSN) or Employer Identification Number (EIN), whichever one is used for filing your business taxes.

SSN or EIN: _____

3. Do you have a current Oregon Business registration number? You must have a current registration with the Oregon Secretary of State to qualify for this grant (even if you are a sole proprietor). Check your registration#: <https://sos.oregon.gov/business/pages/find.aspx>
Register or renew here: <https://sos.oregon.gov/business/Pages/register.aspx>

Yes – Oregon registration#: _____

No – Explain: _____

4. Enter your CURRENT 6-digit NAICS code. You can find your NAICS code on your tax documents or here: <https://www.census.gov/naics>

NAICS code: _____

5. Enter your Primary Place of Business (PPB) address. Do not enter a PO Box address. If you have a home-based business, enter your home address.

Address _____

City _____

State _____ Zip _____

6. What is the zip code of your primary place of business? Your primary place of business must be located within one of these zip codes to qualify for this grant.

- 97303 (Keizer area)
- 97070 (Wilsonville area)
- 97140 (Sherwood area)
- 97132, 97115, 97137 (Newberg, Dundee, and St. Paul area)

7. Has your business been negatively affected by the COVID-19 pandemic? Examples: lost revenue from having to close operations due to Covid-19; higher expenses from supply chain issues; higher wages and hiring costs; other increases in operating expenses. Your business must have a negative impact from COVID-19 to qualify for this grant.

Yes

8. COVID-19 Impact information:

(1) Provide an overview of your business. (2) Explain how your business has been negatively impacted by COVID-19. (3) How will this grant help your business?

Answer:

9. Is your business a Minority, Woman, or Veteran-owned business? (51% ownership required). You may choose more than one response. Your response to this question is voluntary and does not affect your opportunity for this award. Data will be aggregated for statistical analysis and future grant programs.

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

10. How do you identify yourself? (check all that apply)

If "Other" is selected, how would you best describe yourself? Your response to this question is voluntary and does not affect your opportunity for this award. Data will be aggregated for statistical analysis and future grant programs.

- White
- Black or African American
- Native American or Alaska Native
- Asian
- Hawaiian or Other Pacific Islander
- Multiracial or Biracial

- Hispanic or Latin
- Other:
- I do not wish to specify

11. Is this a for-profit business? Your business must be for-profit to qualify for this grant.

- Yes

12. How many Full-Time Equivalent (FTE) employees does your business have now?

Full-time employees count as 1.0 FTE and Part-time employees are counted as .5 FTE each. Your business must have 50 or fewer FTE employees to qualify for this grant.

- 0 – 10 FTE employees
- 11 – 25 FTE employees
- 26 – 50 FTE employees

13. How many FULL-time employees does your business currently have?

_____ Full-time employees

14. How many PART-time employees does your business currently have?

_____ Part-time employees (enter whole numbers – do not convert to FTE)

15. Has your business been in continuous operation (except for mandatory shut-downs) AND under the same ownership since January 2020? Your business must have been operating continuously and under the same ownership since January 2020 to qualify for this grant.

- Yes
- No - Explain:

16. What is your Business Structure? If "Other" is selected, please enter your business structure below.

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

17. Business Location Type: If "Other" is selected, enter your business location type below.

- Storefront/Brick & Mortar
- Online
- Hybrid (Online and Storefront)
- Home-based business
- Other:

18. What is your business industry? If "Other" is selected, enter your business industry below.

- Accommodation, Hotels & Motels
- Arts, Entertainment & Recreation
- Agriculture, Forestry & Fishing
- Construction & Contracting
- Food & Beverage
- Educational services
- Finance & Insurance
- Health Care & Social Services
- Information
- Manufacturing
- Personal services
- Professional, Scientific & Technical Services
- Real Estate, Rental and Leasing
- Retail
- Transportation & Warehousing
- Utilities
- Wholesale Trade
- Other:

19. If you received prior publicly funded, COVID-19 small business assistance, please fill in the amounts you received for each type. Please enter a zero to verify if funding was not received.

\$ _____	Federal Paycheck Protection Program-PPP (only enter the forgiven amount)
\$ _____	Restaurant Revitalization Fund (RRF)
\$ _____	Shuttered Venue Operators Grant (SVOG)
\$ _____	Rent Relief payments for businesses
\$ _____	Paid Leave Credit
\$ _____	Employee Retention Tax Credit (ERTC)
\$ _____	Other federal, state, county, or local business assistance payments

20. Assuming you qualify for this grant, how much are you requesting to cover your losses?
Grants cannot be higher than \$10,000.

\$ _____ Amount Requested

DISPROPORTIONATELY IMPACTED BUSINESSES

21. If your business is owned by a Tribal government or is on Tribal land, enter the name of the Tribe that owns this business or Tribal Lands.

Name of Tribe: _____

N/A

22. If your business falls inside a “Qualified Census Tract” (QCT), select your QCT Tract:

Keizer Qualified Census Tract (QCT)

Newberg Qualified Census Tract (QCT)

N/A

23. Is your business in the Travel, Tourism, or Hospitality industry? Check one box.

Travel Industry (travel businesses, water transport, coach services).

Tourism Industry (tour guides, tour operators, museums, and historical sites).

Hospitality Industry (restaurants, catering, cafés, pubs, hotels, bed & breakfasts)

N/A

IMPACTED BUSINESSES

*****Important: Do NOT fill out Questions 24-28 if you are a “Disproportionately Impacted” business.**

24. What method will you use to show your COVID-related financial impacts? You are only required to choose ONE method. You may include other methods if you choose. BRC staff will look at the method that shows your greatest COVID-related loss.

Method 1: Decline in Revenues

Method 2: Employee Retention Issues: Increased Payroll Costs

Method 3: Employee Retention Issues: FTE Losses

Method 4: Increased Cost of Goods Sold (COGS)

25. METHOD 1 - Decline in Revenues: Choose a comparison year to 2019. Attach tax documents for the years chosen below.

2019 compared to 2020 tax year

2019 compared to 2021 tax year

2019 compared to 2022 tax year

I am choosing a different method to demonstrate my COVID-related impact

Types of tax documents:

- LLCs and Sole Proprietors, attach Form 1040: Schedule C, Line 3
- Registered Corporations, attach Form 1120: Line 1(c)
- Registered Partnerships, attach Form 1065: Line 1(c)
- Farmers: Schedule F

26. METHOD 2 - Increased Payroll Costs: Select two years that show the largest increases in your payroll costs.

Example: You had \$100,000 in payroll costs in 2021 and \$150,000 in 2022. You may want to select "2021 compared to 2022" to show your payroll increases.

- 2019 compared to 2020
- 2019 compared to 2021
- 2020 compared to 2021
- 2021 compared to 2022
- I am choosing a different method to demonstrate my COVID-related impact

Types of documents to attach (use whole-year reporting):

- Payroll Reports
- Accounting documents

27. METHOD 3: Decreased FTE. Select two years that show the largest decrease in FTE.

Example: You had 12 FTE employees in 2019 and 5 FTE employees in 2020. You may want to select "2019 compared to 2020" to show your FTE employee losses.

- 2019 compared to 2020
- 2019 compared to 2021
- 2020 compared to 2021
- 2021 compared to 2022
- I am choosing a different method to demonstrate my COVID-related impact

Types of documents to attach (use whole-year reporting):

- Payroll Reports
- Accounting documents

28. METHOD 4: Increased Costs of Good Sold (COGS). Select two years that show the largest COGS increases.

Example: You had \$75,000 in COGS expenses in 2021 and \$125,000 in 2022. You may want to select "2021 compared to 2022" to show your COGS increases.

- 2019 compared to 2020
- 2020 compared to 2021
- 2021 compared to 2022
- I am choosing a different method to demonstrate my COVID-related impact

Types of documents to attach (use whole-year reporting):

- COGS reports

SECTION 5: ATTESTATION

29. I attest that I am the true and legal owner of the business in this application. Or, if applicable, I attest that my Tribal Government is the true and legal owner of the business.

If you are applying on behalf of the owner: "I certify that the person completing this application, by permission of the true and legal owner, represents the true and legal owner of the business."

Yes

30. You must attest to the following statements to qualify for this application. (check all boxes)

- My business is a for-profit business.
- My business has 50 or fewer Full-time Equivalent (FTE) employees.
- 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 full compliance with all federal, state, and local laws and regulations.
- My business is independently owned and operated or, it is operated by a Tribal Government or operates on Tribal lands. Franchises are okay if locally owned.
- If awarded, I intend to use this assistance to cover business-related expenses, such payroll, rent, mortgage, utilities, or other operational costs. I will NOT use these grant funds 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 the Oregon BRC or state or federal agencies.
- My business has been in continuous operation (except for mandatory shut-downs) and under the same ownership since January 2020.
- I attest that all statements above are true.

31. You must agree with all statements below to qualify for this grant. (check all boxes)

- The information provided on this application, and any supporting documents uploaded, are true and complete to the best of my knowledge.
- I understand I may be contacted by Oregon Business Recovery (BRC) to provide additional information or documentation which the BRC 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.

32. By my first and last name and date below, I attest that all statements above are true:

First Name _____
Last Name _____
Date _____

SECTION 6: ATTACHMENTS

Attach the following documents to this application:

1. **REQUIRED:** Your 2019 Tax documents
Types of tax documents to attach:
 - LLC's and Sole Proprietors, attach Form 1040: Schedule C
 - Registered Corporations, attach Form 1120
 - Registered Partnerships, attach Form 1065
2. **REQUIRED:** Copy of your Driver's License or other government issued ID (front and back)
3. **Required for SOME businesses:** COVID-related Financial Impacts:
Attach documents from Method 1, 2, 3, or 4. (Example: Tax year comparisons, payroll documents or COGS reports, depending on which ones you chose). Disproportionately Impacted" businesses are NOT required to attach documents showing their COVID-related financial impacts.

SECTION 7: GRANT SUBMISSION

There are several ways to submit this application:

1. Online application:

Go to <https://www.oregonbrc.org/business-grants> and follow the directions.

2. Email:

Scan and email this application and your attachments to BRC@wilsonvillechamber.com

3. In-person:

Put this application and attachments in a large envelope and deliver to this address:

Oregon Business Recovery Center
c/o Wilsonville Chamber of Commerce
8565 SW Salish Lane, Suite 150
Wilsonville, OR 97070

4. Mail:

Put this application and attachments in a large envelope and mail to this address:

Oregon Business Recovery Center
c/o Wilsonville Chamber of Commerce
8565 SW Salish Lane, Suite 150
Wilsonville, OR 97070