

CITY OF ONTARIO GRANT APPLICATION

Business Legal Name	Business TIN (EIN, SSN)		, SSN)
Business Address	Business Phone		
Business Owner	Number	of Emplo	ovees
			,,,,,,,
	(As of February 29, 2020)		
Questions		Yes	No
 Has the business been affected by COVID-19? A. Did the business have a decline in revenue between 30% and 49% (If yes, please submit proof) 			
. Is the business headquartered with principal operations in Oregon?			
3. Does the business have a physical location within the City of Ontario?			
1. Does the business have a current City of Ontario Business Registration?			
5. Did the business receive any CARES Act Funds including, the Paycheck Protect Program (PPP) or Economic Injury Disaster Loan Emergency Advance program (EIDL), or other emergency pandemic federal program? A. If yes, how much was received?			
Certifications			
I certify the grant will be used for fixed debts, payroll expense, account business bills.	s payable ar	nd other	
I certify the grant will not be used for refinancing, expansion, growth, c improvements.	or infrastruc	ture	
I further certify that the business and its operations, are, and will, remarkable all local, state, and federal laws.	in compliar	t with	
Attachments			
Copy of Drivers License Brief description and history of the business, including the year started Documentation showing the number of employees as of February 29, 2020 Profit & Loss statements showing the revenue decline or other documentation W9 Form Proof of 60 day expenses January - February 2020 (optional)	1		
Business Owner Signature		Da	te