

# WOODBURN EMERGENCY BUSINESS ASSISTANCE GRANT APPLICATION

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## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Woodburn, OR 97071

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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## BUSINESS ELIGIBILITY: *(Check all that apply)*

- ☐ Located in Woodburn City Limits
  - ☐ Woodburn Business License/Registration: # \_\_\_\_\_
  - ☐ Less than 15 Employees
  - ☐ Plans to Continue Operations Post COVID-19
  - ☐ Temporarily Closed or Reduced Services Due to Governor's Executive Order
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FUNDS REQUESTED: \$ \_\_\_\_\_ *(not to exceed \$2,000)*

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## USE OF FUNDS: *(Check all that apply)*

- ☐ Rent/Lease: Monthly rent/lease amount \$ \_\_\_\_\_
  - ☐ Provide copy of rental/lease agreement with landlord contact information.
- ☐ Mortgage: Monthly mortgage payment \$ \_\_\_\_\_
  - ☐ Provide mortgage statement for last 3 months)
- ☐ Utilities: Provider: \_\_\_\_\_ Amount \$ \_\_\_\_\_
  - ☐ Provide utility statements for past 3 months)
- ☐ Property Taxes: Amount \$ \_\_\_\_\_ Tax Year: \_\_\_\_\_
  - ☐ Provide copy of tax statement
- ☐ Protective Equipment, Improvements and/or Supplies: Amount \$ \_\_\_\_\_
  - ☐ Provide detailed description: \_\_\_\_\_

Please provide a detailed description of the proposed use of funds:

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## NEEDS STATEMENT:

Please provide a detailed explanation of your businesses need for these funds.

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Please share how COVID-19 and/or the Governor's Executive Order(s) impacted your business.

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**6 MONTH BUSINESS PLAN:**

Please provide a detailed plan reflecting how your business will operate to ensure financial recovery over the next 6 months.

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**CURRENT NUMBER OF EMPLOYEES:**

# Full-Time Employees \_\_\_\_\_

# Part-Time Employees \_\_\_\_\_

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**ADDITIONAL INFORMATION:**

- Have you received other COVID-19 funding assistance (SBA, Marion County, PPE, other)?

☐ Yes

☐ No

If yes, please provide information on funds received: \_\_\_\_\_

- Are you aware of programs and resources available to businesses in the Woodburn area (SBDC, MERIT, etc.)? ☐ Yes ☐ No

- Are you interested in receiving information on business resources? ☐ Yes ☐ No

Please describe your business needs: \_\_\_\_\_

- Are you a member of the Woodburn Area Chamber of Commerce? ☐ Yes ☐ No

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**CERTIFICATION:** I hereby certify that all information contained in this application and supporting documents attached hereto are true and correct to the best knowledge and belief of the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title