



City of Harrisburg
120 Smith Street
Harrisburg, OR 97446
Phone (541) 995-6655
www.ci.harrisburg.or.us

SMALL BUSINESS EMERGENCY GRANT PROGRAM APPLICATION

Coronavirus Pandemic – Dates for application submission: **June 15, 2021 until funds are fully exhausted.**

STAFF USE ONLY	
Grant Number:	Date Received:
Grant Approved Date:	By:
Grant Amount Approved:	Date & Check Number:

PROGRAM OVERVIEW: On June 8, 2021, the City Council for the City of Harrisburg established an emergency business grant program for small retail sales and personal service businesses in the City of Harrisburg. The City pays for this grant from our Community and Economic Development Program, from funds received from the Federal Government through the ARP Program.

Eligibility in this grant program is based upon a financial need resulting in shut-off notices and past due amounts due to the Coronavirus Pandemic. The City of Harrisburg will pay for your past due amounts on utilities, rent, mortgage, payroll, and outstanding invoices necessary to continue performing business functions up to a maximum of \$500 per month. Program **funds are limited to \$20,000**, and funds are paid out on a **first come first-served basis***.

*Applications will be dated, and time stamped by the City when they are received, only if they are complete & accurate.

The applicant need not repay any funds awarded if all program conditions are met.

ELIGIBILITY REQUIREMENTS: To be eligible the following requirements must be met:

- The business must have 15 employees or less.
- Only one payment request per month per business owner.
- The business must operate within city limits and is located in the C-1 Commercial zone.
- The grant applicant must have a current Harrisburg business license for the last six months.
- The grant applicant must have a commercial business license and be in the business of retail sales, personal, or commercial business services.
- Proof of shut-off notice, past due notice, payment plan, or any other overdue notice from any utility company (including the City of Harrisburg), landlord, mortgage company or vendor who provides necessary services or products to keep the business functioning and the doors open to the public. Multiple, and current notices can be submitted, up to the maximum of \$500 per month. **Notices must be within the last month!**

RESTRICTIONS: industrial businesses, large businesses, manufacturers, and banks, or to social gaming license holders, solicitation license holders or home occupation license holders.

INSTRUCTIONS: Completely fill out and sign the grant application and attached W-9. Verify that you have included a valid daytime phone number, email, and your current mailing address. Checks will be mailed to the address on file on your business license.

PRIMARY CONTACT AND OWNER INFORMATION

Full Legal Name of Company or DBA: _____

Applicant's Name: _____

Applicant's Position with Company: _____

Phone: _____ **Email:** _____

Mailing Address: _____

Site Address for Company: _____

Applicant's Signature* _____ Date _____

*As the legal representative of this company, I hereby swear/attest that the business is eligible for compensation under this grant program, as noted on page 3. The funds received from this program will be used ONLY for paying overdue utilities, mortgages, rent, payroll or invoices due to the coronavirus pandemic.

Incomplete/inaccurate applications will not be accepted by the City and will be returned to you for correction.

ELIGIBILITY REQUIREMENTS

Number of Employees: _____

Business is located in the C-1 Commercial Zone inside the City limits of Harrisburg, Oregon:

Business Site Location:

My business is current on my City Business License, and Liquor License.

(Initial)

How many years has this business been located at this address? _____

I have held a valid business license from the City of Harrisburg for more than six months prior to signing this application: _____

I hereby attest/swear that the figures shown below are true and correct; and can be confirmed if audited. _____

(Initial)

I have attached my W-9 to this application:
___ Yes!

<ul style="list-style-type: none"> • Description of overdue bill Name of Business/Provider (Bill or invoices must be attached for each entry.) • Type of Service Provided • Bills must be for the current month <p>Payouts may not exceed \$500 per business per month on a first come/first served basis.</p> <p>Program total amount is capped at \$20,000.</p> <p><i>Incorrect/Incomplete applications will not be accepted and will be returned to the applicant. Date and timestamp are based only on the receipt of a complete and accurate application</i></p>	<p>Bs/Provider name: _____</p> <p>Service Provided: _____</p> <p>Amount of Overdue Bill: \$ _____</p> <p>-----</p> <p>Bs/Provider name: _____</p> <p>Service Provided: _____</p> <p>Amount of Overdue Bill: \$ _____</p> <p>-----</p> <p>Bs/Provider name: _____</p> <p>Service Provided: _____</p> <p>Amount of Overdue Bill: \$ _____</p> <p>-----</p> <p>Bs/Provider name: _____</p> <p>Service Provided: _____</p> <p>Amount of Overdue Bill: \$ _____</p> <p>-----</p> <p>Total Payout Requested: \$ _____ *</p> <p>*You may request <u>any amount less</u> than the allowed maximum monthly payout of \$500.</p> <p><i>Payment will be mailed to the address on file with your business license.</i></p>
---	---

SUBMIT: Your application can be submitted to/at the following locations:

1. By Mail to: The City of Harrisburg, PO Box 378, Harrisburg, OR 97446
2. Dropped at the overnight utility payment drop box at Harrisburg City Hall @ 120 Smith St., Harrisburg, OR
3. Emailed to: Michele Eldridge meldridge@ci.harrisburg.or.us or Cathy Nelson cnelson@ci.harrisburg.or.us.
4. In Person during regular City Hall hours of 8:30 – 12:00 and 1:00 – 5:00pm.