



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

## **SMALL BUSINESS GRANT PROGRAM APPLICATION (FALL)** **(COVID-19: Revenue Loss)**

Coronavirus Pandemic – Dates for application submission: **Oct 1, 2020 to Nov 2, 2020\***

Applications received after the program application dates will not be eligible for the program.

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

**PROGRAM OVERVIEW:** On September 15, 2020, the City Council for the City of Harrisburg voted to extend a secondary business grant program to 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, which is then reimbursed by the Federal Government through the CRF Program.

Eligibility in this fall grant program is based upon a stated loss in Gross Revenues, due to the Coronavirus Pandemic, during the period of April 1 to September 30, 2020, compared to the same period in 2019. The City of Harrisburg will pay for up to 25% of your total losses during this period, **not to exceed \$5,000**. Program **funds are limited to \$60,000**, 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 grant is allowed per business owner.
- The business must operate within city limits and is located in the C-1 Commercial zone.
- The grant will apply to general losses in business revenue, due to the Coronavirus Pandemic for a period of April 1 to September 30, 2020, in comparison to this same period in 2019.
- Business Revenue Loss must be related to direct business-related revenues in comparison to this same period in 2019. This can be related to a reduction in your work force, or a shut down due to quarantine requirements, while incurring costs during that time period, such as rent, mortgage payments, and utilities. This can also include reduced space and limitations for customers in your business, or restructuring. (Ex: allowing only take-out, and no in-restaurant dining allowed.)
- 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.

RESTRICTIONS: This grant does not apply to landlords and rental program participants, **businesses with past due city accounts**, industrial businesses, large businesses, manufacturers, and banks, or to social gaming license holders, solicitation license holders or home occupation license holders.

PROCESSING TIMELINE: The city will make every effort to process all applications in a timely fashion, subject to application volume. Applications will be dated and timestamped by the City when received. **APPLICATIONS THAT ARE INCOMPLETE/INCORRECT, WILL BE RETURNED TO YOU, AND WILL NOT BE DATED & TIME-STAMPED!**

INSTRUCTIONS: Completely fill out the grant application. 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 _____
<p>*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 coronavirus pandemic related revenue losses compared to last year during the periods of April 1, to September 30, 2019.</p> <p><b><i>Incomplete/inaccurate applications will not be accepted by the City and will be returned to you for correction.</i></b></p>	

**ELIGIBILITY REQUIREMENTS**

<p>Number of Employees: _____</p> <p>Business is located in the C-1 Commercial Zone inside the City limits of Harrisburg, Oregon:    Yes      No</p> <p>Business Site Location: _____</p> <p>My business is current on all City Accounts (Utility Account, Liquor, Bus. Lic./Other)</p> <p style="text-align: right;">_____ (Initial)</p>	<p>How many years has this business been located at this address? _____</p> <p>I have held a valid business license from the City of Harrisburg for more than six months prior to signing this application: _____</p> <p>I hereby attest/swear that the figures shown below are true and correct; and can be confirmed if audited. _____ (Initial)</p>
---	--

**Revenue Losses – for April 1 to Sept 30, 2020 in comparison to the same time period in 2019.**

<ul style="list-style-type: none"> <li>Business Gross Revenues from April 1, to September 30, 2019</li> <li>Business Gross Revenues from April 1, to September 30, 2020</li> </ul> <p>Payout may not exceed \$5,000 per business on a first come/first served basis.</p> <p>Program total amount is capped at \$60,000.</p> <p><b><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></b></p>	<p>\$ _____</p> <p>\$ _____</p> <p>Amount of Loss: \$ _____</p> <p>25% of Total Loss: \$ _____</p> <p>Payout Requested: \$ _____ *</p> <p>*You may request <u>any amount less</u> than the allowed maximum payout.</p> <p><b><i>Payment will be mailed to the address on file with your business license.</i></b></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](mailto:meldridge@ci.harrisburg.or.us)
4. In person, at Harrisburg City Hall, located at 120 Smith St., by appointment with John Hitt or Michele Eldridge. Call 541-995-6655 to schedule an appointment.

**Applications must be received by the City prior to 5:00pm on November 2, 2020!**