

CITY OF OKANOGAN

JON K. CULP, MAYOR



COVID ECONOMIC BURDEN GRANT REQUEST

I/We _____, as the owners of _____ located within the Business District areas of the City of Okanogan.

I/We certify that our business has been open for business during the past 90 days and has suffered actual economic burdens as a result of the COVID restrictions and requirements required for Public Safety.

I/We certify that any funds received from the City of Okanogan will be used to offset the economic impacts resulting from those COVID restrictions and requirements.

To help recover from those economic impacts, I/ We are requesting a grant from the City of Okanogan Cares Act Emergency Assistance Fund in the amount of _____ (no request can exceed \$5,000) and that any funds awarded will be directed to offset those impacts.

I/We understand that applications received by the City after November 30, 2020 will not qualify for award consideration under the current grant program, but may qualify for future funding, if additional state or federal funds are made available at a future time.

Signature of Business Owner

Date

Unified Business Identifier Number (UBI#)

Signature of Chamber Representative

Date

Signature of Approving City Representative

Date