



## KAUAI SMALL BUSINESS BOOST PROGRAM

### BUSINESS INFORMATION

All fields with \* are required.

**Business Name\***

Name of Business entity according to GET license

**Where is Business located? \***

- Kauai
- Oahu
- Maui
- Molokai
- Lanai
- Big Island
- Niihau
- Other

**Do you meet one of the following requirements? \***

- Have one or more employees
  - Number of Employees \***
  - Both full-time and part-time**
- Have one or more independent contractors
  - Number of Independent Contract Workers \***
- Operate from a commercial location
- Contribute to a lease of a commercial location to operate your business
- None of these

### REQUIRED DOCUMENTS

Please provide all documents as missing documents could disqualify you from receiving the grant. Please upload into the link provided only when all documents are available for upload. Incomplete applications will not be processed.

- Copy of valid and unexpired Hawaii driver's license OR State of Hawaii ID
- Completed Federal Form W-9. You can find the form here <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Upload completed W-9 Form and Picture ID below \***

**Federal Tax ID Number \***

**Hawaii GET Number \***

Enter the entire Hawaii GET number (example: GE:987-654-3275-01)

**Which Classification is the business applying? \***

- For-profit
- Non-profit 501(c)(3)
- Non-profit 501(c)(19)

**Business Entity Type \***

- Corporation/C
- Corporation/S
- Corporation
- Individual/Sole Proprietor
- LLC
- Non-profit Org
- Non-profit Corp
- Organization or Club

**Industry \***

- Accommodation and Food Service
- Administrative and Support and Waste Management and Remediation Services
- Agriculture, Forestry, Fishing, and Hunting
- Arts, Entertainment, and Recreation
- Construction
- Educational Services
- Finance and Insurance
- Health Care and Social Assistance
- Information
- Management of Companies and Enterprises
- Manufacturing
- Mining, Quarrying, and Oil and Gas Extraction
- Professional, Scientific, and Technical Services
- Public Administration
- Real Estate and Rental and Leasing
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade
- Other

**Business Established Date \***

MMDDYYYY

**REQUIRED DOCUMENTS**

**Business Address Line 1 \***

**Business Address Line 2**

**Business City \***

**Business State \***

**Business Zip Code \***

**Business Email \***

**Re-enter Business Email \***

Please re-enter your Businesses' email

**Business Phone \***

## MAILING ADDRESS

This is the address your grant will be mailed to, if awarded. Returned mail may result in disqualification of the award.

**Is Mailing Address Different than Business Address \***

No

Yes

If yes:

**Mailing Address Line 1 \***

**Mailing Address Line 2**

**Mailing Address City \***

**Mailing Address State \***

**Mailing Address Zip Code \***

## MAJORITY OWNER'S OR CO-OWNER'S INFORMATION

**Owner's Address Line 1 \***

**Owner's Address Line 2**

**Owner's City \***

**Owner's State \***

**Owner's Zip Code \***

**Owner's Email \***

**Re-enter Owner's email \***

Please re-enter Owner's email

**Owner's Best Contact Phone Number \***

## OPERATIONS AND FINANCES

**Business Description \***

Detailed description of business (product and services provided)

**Revenue for 2019 (\$) \***

**Business Impact Statement \***

Detailed statement as to how your business was affected by the COVID 19 pandemic (a simple statement that revenues declined is not sufficient)

**Please select one of the following to determine the need for this grant \***

- Reduction in Income
- Reduction in customers
- Operate a non-essential business and had to close
- Incurred expenses in order to operate safely amidst COVID-19
- Had to implement business changes to adapt
- Other: please explain

Please elaborate the other need for this grant \*

**Are you open for business as of today \***

- Yes

**How had you modified business operations from pre-covid times? \***

- No

**What is preventing you from being open? \***

**Do you plan to re-open? \***

- Yes

**When do you plan to re-open and what do you need to do so? \***

- No

**Share with us your plans to remain in business. Please elaborate. \***

**How do you plan to use the funds awarded? \***

**Is this business your Primary, Secondary or Other source of income? \***

- Primary
- Secondary
- Other

Please explain how this business is your Other source of income \*

## CONTACT INFORMATION

Best person to contact regarding this application

**Is the owner the best contact person for this application? \***

- Yes, please contact the owner  
 No, please contact the person below

**Contact's Full Name \***

**Contact's Email \***

**Re-enter Contact's Email \***

**Contact's Phone \***

**Required Response \***

The Entity shall account for expenditures and maintain expense records, which shall be subject to audit. The Entity will not use Grant funds for ineligible expenses as specified in the program guidelines. The Entity is only entitled to only one (1) \$7,500 grant under the KAUAI SMALL BUSINESS BOOST PROGRAM and will reimburse and return any excess funds. The Entity agrees to reimburse and return any funds deemed to have been used for an improper or ineligible purpose. Ineligible expenses include but are not limited to: Taxes, fees, or fines due to any county, state, or federal government; damages covered by insurance; expenses that have been or will be reimbursed under any federal program, such as PPP, etc; reimbursement to donors for donated items or services; workforce bonuses other than hazard pay or overtime; severance pay; legal settlements.

- Yes, I agree  
 No, I do not agree

**Required Response \***

The Grant funds are funded by a Coronavirus Relief Funds (CRF) Federal Subaward obtained by the County of Kauai from the State of Hawaii. The Coronavirus Relief Fund Hawaii State-County Handbook, dated June 3, 2020 (the "Handbook" governs the use of funds and is incorporated herein by this reference. The Entity agrees to comply with the terms and conditions of the Handbook, to the extent that such terms and conditions apply to the Entity. The Handbook is available from the County of Kauai and at the following: <https://www.rd.hawaiicounty.gov/home/showdocument?id=302189>.

- Yes, I agree  
 No, I do not agree

**Required Response \***

All applications are deemed to be public records and the County of Kauai may disclose and publicize the names and addresses of Grant fund recipients.

- Yes, I agree  
 No, I do not agree

**Required Response \***

Grant fund recipients are subject to the Federal Clean Air and Clean Water Acts and the Entity agrees to comply with the requirements and restrictions of said Acts.

- Yes, I agree

No, I do not agree

**Required Response \***

Applicant agrees that, if their business or non-profit is cited by the County of Kauai or the State of Hawaii for violating any emergency order or proclamation related to COVID-19, they will reimburse the County of Kauai the full amount of the any award granted as a result of this application.

Yes, I agree

No, I do not agree

**Required Response:**

By submitting this application, the Applicant and business owner(s): (a) warrant and represent that all of the information and documents provided are true, complete and accurate; (b) the business is not involved in any illegal activity (c) agree that if the Applicant is determined to be ineligible for any reason, any funds received under the County of Kauai Small Business Relief and Recovery Fund shall be returned promptly; (d) hereby hold harmless, indemnify, and waive all claims against the Processor, its agents and employees, related to any action the Credit Union takes with respect to this application; (e) agree that any dispute regarding this application will be determined by the County of Kauai, whose decision will be final. Federal law provides that whoever uses any false document or makes any materially false or fraudulent statement in a matter within the jurisdiction of the United States Government is subject to fine or imprisoned not more than five years or both. 18 USC § 1001.

Yes, I agree

No, I do not agree

**Additional Comments**

**Please enter your Full Name Below (Signature) \***

By entering your Full Name below, you are signing this application and all contents of this application to be true, complete and accurate.

**Would you like to learn more about an upcoming traditional Kauai Small Business Advertising campaign?**

Yes, please send me details

No, thank you