



**MEDFORD**  
OREGON

## **COVID-19 SMALL BUSINESS GRANT APPLICATION**

### **FOR BARS, RESTAURANTS, BREWERIES, WINERIES, INDOOR GYMS AND FITNESS ESTABLISHMENTS**

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To mitigate the impact of COVID-19 on Medford small businesses and their employees, the City of Medford has committed up to \$250,000 in one-time funds to create a Small Business Assistance Grant Program. Each approved grant applicant will be awarded \$3,000.00.

The City plans on allocating financial resources as quickly as the applications can be received and reviewed. Grants will only be allotted to small businesses located inside Medford city limits that have been directly affected by the government-ordered mandatory change in service (per Governor Executive Order dated December 2020). Grant amounts may be used to help with the following:

- Rent or mortgage payments
- Utility payments
- Payroll

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#### **Consideration for the COVID-19 Small Business Grant requires that you agree to the following criteria:**

- I currently possess a City of Medford business license.
- My business is located within Medford city limits.
- My business is not affiliated with a franchise.
- I am not submitting a grant application for more than one business.
- My business has no outstanding City related liens, fees or code enforcement cases.
- My business has no more than 15 non-owner employees as of March 1, 2020.
- My business is a bar, restaurant, brewery, winery, indoor gym or fitness establishment.

**\* By continuing, you attest that your business meets the requirements listed above.**



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**Business License Number:** \_\_\_\_\_

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

**Business Phone:** \_\_\_\_\_

**Number of non-owner employees on your payroll as of March 1, 2020:** \_\_\_\_\_

**Describe your business activities. What are the main services provided?**

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**Contact Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Mailing address (if awarded, your funds will be mailed to this address):**

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**What business-related expenses will you be using these funds for, if granted?**

- Rents or mortgage
- Utilities
- Payroll



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**Please upload a current copy of your W-9.**

*\* All checks are payable to the name listed on the W-9.*

*\* If you do not have a W-9, you can download a copy of the form [here](#). Please be sure to download a copy of the blank form to your computer; do not fill it out in your browser. Open the downloaded form using Adobe Reader, complete the form, and then save.*

***\*\* If you fill the form out in your browser and then select "Download", it will download a blank template without saving any of your changes. You must download the form to your computer first and open it in an Adobe application before you are able to save your changes.***

***\*\****

**By submitting this application:**

- I certify that all of the foregoing grant application information is true and correct; and
- I understand and agree that I am subject to a random audit by the City of Medford to ensure my compliance with all grant program requirements; and
- I agree to repay the City the entire amount of the grant funds I receive if any of the information I submitted is false or if I fail to follow all grant program requirements; and
- I acknowledge that I may be subject to criminal prosecution for Unsworn Falsification if I knowingly provide any false information in connection with this application. [ORS 162.085]