



GUAM ECONOMIC DEVELOPMENT AUTHORITY
**Guam Small Business
 Pandemic Assistance
 GRANT PROGRAM**



GRANT APPLICATION NUMBER **PAG -**

APPLICATION

[AS OF 05-22-2020]

CHECK ALL THAT APPLY

**ECONOMIC INJURY DISASTER
 LOAN (EIDL) ADVANCE:**

RECEIVED \$ _____

**ECONOMIC INJURY DISASTER
 LOAN (EIDL):**

APPLIED
 RECEIVED \$ _____
 DENIED \$ _____

**PAYCHECK PROTECTION
 PROGRAM (PPP):**

APPLIED
 RECEIVED \$ _____
 DENIED

LEGAL BUSINESS NAME

DBA OR REGISTERED TRADE MARK

BUSINESS OWNERSHIP

NAME

TITLE

LEGAL BUSINESS STATUS

- SOLE PROPRIETOR
- LIMITED PARTNERSHIP
- GENERAL PARTNERSHIP
- LL PARTNERSHIP
- PROFESSIONAL CORPORATION
- "C" CORPORATION
- "S" CORPORATION
- LL CORPORATION

BUSINESS LICENSE ISSUANCE DATE

TYPE OF INDUSTRY

NUMBER OF YEAR(S)/MONTHS IN OPERATION

NUMBER OF EMPLOYEES (Use SW-2 report for 12/31/2019)

EMPLOYER IDENTIFICATION NUMBER (EIN)/SOCIAL SECURITY NUMBER

ANNUAL/ANNUALIZED GROSS RECEIPTS (March 2019 - February 2020 months ending)

\$,,.

AUTHORIZED PRIMARY POINT OF CONTACT

NAME

PHONE NUMBER

ALTERNATE PHONE NUMBER

EMAIL ADDRESS

MAILING ADDRESS

PHYSICAL ADDRESS

By signing below, I certify all information is true and correct to the best of my knowledge.

NAME

SIGNATURE OF APPLICANT

DATE

GRANT SUBMISSION CHECKLIST

- | | | | | | | |
|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> GRANT APPLICATION | <input type="checkbox"/> COPY CURRENT BUSINESS LICENSE | | | | | |
| <input type="checkbox"/> FORM GRT-1 MONTH ENDING FILINGS | <input type="checkbox"/> SELF CERTIFICATION FORM | | | | | |
| <i>(If the business was in operation after March 2019, submit Form GRT-1 month ending filings beginning the month of operation through April 2020)</i> | | | | | | |
| <input type="checkbox"/> MAR-19 | <input type="checkbox"/> APR-19 | <input type="checkbox"/> MAY-19 | <input type="checkbox"/> JUN-19 | <input type="checkbox"/> JUL-19 | <input type="checkbox"/> AUG-19 | <input type="checkbox"/> SEP-19 |
| <input type="checkbox"/> OCT-19 | <input type="checkbox"/> NOV-19 | <input type="checkbox"/> DEC-19 | <input type="checkbox"/> JAN-20 | <input type="checkbox"/> FEB-20 | <input type="checkbox"/> MAR-20 | <input type="checkbox"/> APR-20 |

FOR OFFICIAL USE ONLY

GRANT APPLICATION NUMBER **PAG -**

DATE RECEIVED: _____

TIME RECEIVED: _____ RECEIVED BY: _____



I, _____

the authorized official for _____,
 do hereby certify and affirm that all grant funds provided from the Guam Small Business Pandemic Assistance Grant Program shall be utilized solely for the purpose of reimbursing costs of business interruption caused by required closures resulting from Executive Order 2020-03, dated March 14, 2020. Such costs include, but are not limited to, the following:

- a. Payroll costs
- b. Payroll benefit costs
- c. Mortgage or rent costs
- d. Vendor costs

We also do hereby certify and affirm that grant funds shall not be used for the following costs:

- a. Damages covered by insurance; including business interruption insurance;
- b. Expenses that have been or will be reimbursed under any federal program, such as loans or grants from the federal government pursuant to the CARES Act or contributions by States to State unemployment funds;
- c. Reimbursement to donors for donated items or services;
- d. Workforce bonuses other than hazard pay or overtime;
- e. Severance pay; and
- f. Legal settlements.

We also do hereby certify and affirm that, upon the request of GEDA, we shall provide all documentation and financial information necessary to validate and monitor expenditures and conduct audits of the use of funds.

PUBLIC LAW 30-77

(p) An individual or business shall be ineligible for GEDA loans, leases, grants or other assistance if that individual or business, or any of its officers and/or directors, owners, partners, or shareholders that have more than five percent (5%) ownership interest in said business, including indirect ownership or other interest through proxy or trust, or sister parent or subsidiary ownership interest(s), personally or through a relative within one (1) degree of consanguinity, has:

- 1. A record of delinquency that results in loan default on financial assistance obtained from GEDA or any instrumentality of the government of Guam, unless borrower fully honored a work-out agreement to the satisfaction of the creditor;
- 2. Failed to meet and fulfill the terms and conditions of receiving GEDA assistance;
- 3. A past due or unpaid civil judgment in the Superior Court of Guam; or
- 4. Engaged in any activity that has resulted in prosecution for a felony or a crime of moral turpitude or conviction for that type of crime in the Courts of Guam, the United States and its territories, or foreign jurisdiction. This Section shall not apply in the event that the prosecution is dismissed with prejudice.

If Grantee makes any misleading or false statement or any false written or oral representation with respect to this Grant, Grantor may rescind the Grant by written notice to the Grantee. In such event the Grantee agrees to and shall, within five (5) days following the receipt of such notice, return to Grantor, an amount equal to all Grant payments received plus interest at the prime rate set forth in the Wall Street Journal in effect on the date of such notice from the date of receipt of such Grant. Grantee agrees to pay Grantor's attorney fees and actual costs incurred in the collection of grant funds.

I declare under penalty of perjury under the laws of Guam that the foregoing is true and correct.

Authorized Official _____

Signature _____ Date _____