

Application Questions

Clackamas County Office of Economic Development

Business Development Grant Program

NOTE: this document is not an official application and is intended only as a resource to help prospective applicants prepare their responses. The only way to apply for this program is by submitting a complete application via the [official application web form](#) – application materials sent by post, email, or any means other than the official application web form will not be considered.

The official application web form can be found at:

<https://apps.clackamas.us/businessdevelopmentgrants>

Applicant Information

* Indicates required question

Email*

Full legal name of your business*

Business DBA, if applicable*

Employer Identification Number (EIN)*

Enter SSN instead if you use that number as your tax ID

Oregon Secretary of State ID Number*

Incorporation date*

Corporate structure*

- Sole proprietorship
- LLC, single member
- LLC, multiple members
- Corporation (c-corp)
- Corporation (s-corp)
- Benefit corporation
- Close Corporation
- Other: _____

North American Industry Classification System (NAICS) code*

Enter the NAICS code most closely associated with your business. To identify the proper code for your company, use the [NAICS SEARCH TOOL](https://www.naics.com/search) at <https://www.naics.com/search> to identify the code that best reflects your primary business activity (revenue producing activity).

Industry name*

Full name of the business owner*

Name of applicant contact, if different from owner name

Name of applicant contact title, if different from "owner"

Business primary operations street address (current)*

Business primary operations city (current)*

Business primary operations state (two letter abbreviated, current)*

Business primary operations zip code (current)*

Applicant contact phone number*

Business website

Project Information

In this section, you will describe your proposed project and request an amount. You will also propose a scaled down version of your project with a scaled down funding request amount, in case the County must award less than the amount you requested. **No request may be for more than \$100,000. All projects must be either a workforce development project or a capital asset project.**

Unallowable cost: You may not request funding in your budget for existing staff.

Narrative summary of your project*

Provide a summary of your project and the amount of your request (2,000 character maximum). Describe what you want to do with your grant, providing any project details you feel are relevant for the scoring committee to consider.

Project Type*

Only the two types of projects below will be funded. CHOOSE ONE. [See Notice of Funding Opportunity \(NOFO\)](#) Section E for further information.

- Capital project
- Workforce development project

Project Category*

Choose ONE of the categories below. Choose the category that best fits your proposed project. See Section F of the NOFO for definitions of the categories.

- Multi-site Development Assistance or Relocation to Clackamas County
- Matching Funds Need
- Production Expansion and Capacity
- County Business Retention

Describe Business Need*

Provide a brief narrative describing the business need for grant funding (2,000 character maximum) to assist with the project type and category you have chosen. The narrative should address at least one of the following, and any others which are relevant:

- a) Describe the circumstances creating the business need;
- b) For capital purchases, how the grant will contribute to business expansion or projected growth strategies, etc.
- c) For workforce development projects, a description of the workforce need and how the need is inhibiting the revenue growth or production capacity of the company;
- d) If relevant to your chosen project, how the grant will specifically be used for the relocation of operations to Clackamas county, the prevention of business exodus from Clackamas county, or the expansion of operations in Clackamas county.

Describe the Business Impact(s) of the Grant*

Provide a statement on your estimate of the expected impacts of the grant on your business, if awarded, and how the grant will contribute to the growth of your business, increase market share or develop a competitive advantage, and even how any benefits might accrue to the county more generally. (2,000 character maximum)

Choose Expected Outcomes for the Project*

All projects must have at least one defined expected outcomes which contribute to economic growth in Clackamas county. The outcome(s) you define in this section may become the performance measures in your grant, if awarded. In narrative form, you will provide one or more expected project outcomes based on your project type (workforce development or capital asset) and related to your chosen project category. Please see Section J of the NOFO to assist with choosing outcome(s) appropriate to your project. The outcome(s) should be numbered (1, 2, 3...), well defined, and easily measured/documented. If awarded, the County reserves the right to add any other defined outcomes it deems necessary to measure the success of the project.

Project Timeline*

Choose a timeline for your project. To choose a timeline, tell us how many months you expect it will take to fully implement your project and collect the data to verify your chosen outcome(s) from the previous section.

Project Budget*

Please download the budget template from the link in the [NOFO](#) (Section G), complete it according to the NOFO instructions, then save and upload the file here. Do not include payroll costs of current employees in your budget.

Upload 1 file in PDF format. Maximum file size 10 MB.

Project Budget - Scaled Down*

In the event the County must provide you with less than you requested, please provide a scaled down project budget. Download the budget template from the link in the NOFO (Section G), complete it according to the NOFO instructions, then save and upload the file here. Do not include payroll costs of current employees in your scaled down budget.

Upload 1 file in PDF format. Maximum file size 10 MB.

Narrative summary of a scaled down project*

In the event the County must provide you with less than you requested, please provide a scaled down project narrative (2,000 character maximum). Describe what you want to do in the scaled down project, and how it will still enable economic growth for your business, and how much match (in \$) you will contribute.

Project Match Commitment*

Provide proof of your match source in the amount of at least 100% of your grant request. Match amounts above 125% of the grant request will receive extra points during the scoring phase. Your match commitment will become your legal commitment in the grant agreement, if awarded, and, as a part of grant monitoring, the County will verify the use of this match on the project during term of the grant agreement. Depending on the source of match, proof may come in the form of:

- A bank or investor letter of commitment or preapproval or proof of a line of credit equal to the required funding match
- A grant award notice from a funding agency or specific identification of a grant to be applied for or already applied for. If applied for but not already awarded, please provide your submitted application as an attachment. If to be applied for, you should provide the specific website from the funding agency which provides information on the funding opportunity, including how and when to apply.
- Proof of availability of corporate cash, such as a savings account statement
- Proof of owner investment cash, etc.

In a separate file, write a Statement On Match Commitment explaining the amount and source of match from any of the above examples or another source you have chosen. Collect any documents

you determine show proof of the availability of the match. **Combine these documents into ONE PDF file to upload into the application.**

Note: just as with the budget, do not include payroll costs for current employees as part of your match commitment.

Upload 1 file in PDF format. Maximum file size 10 MB.

Finalize Your Application

All applicants must have a corporate officer who is authorized to legally bind the organization by signing an attestation.

Attestation*

By signing this application, I affirm:

- I am legally authorized to bind the applicant business; and
- The information provided in this application, and any supporting documents provided (if applicable), are true and complete to the best of my knowledge; and
- I understand I may be contacted by CCOED staff to provide additional information or documentation which CCOED, in its sole discretion, may require to complete my application and/or establish my eligibility; and
- I do not owe back taxes to any governmental agency or, if back taxes are owed, a written agency payment plan is in place; and
- I understand any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to law enforcement referral for further investigation or result in the disqualification of my application as unresponsive; and
- I understand my application may be denied if it's determined that there are current code violations, or that I have received warnings to rectify code violations that are deemed hazardous or unsafe to my business, its employees or the community; and
- I understand I may be required to refund or reimburse all or part of the grant proceeds not used for their intended purposes, as stated in the Application, Scope of Work and/or Funding Agreement.

Name of Attesting Corporate Officer*