



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



GRANT APPLICATION NUMBER **PAG -**

**APPLICATION**

[ AS OF 05-19-2020 ]

**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 (April 2019 - March 2020)

\$ ,,.

**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 FILINGS   | <input type="checkbox"/> SELF CERTIFICATION FORM       |                                 |                                 |                                 |                                 |                                 |
| <i>(If the business was in operation after April 2019, submit Form GRT-1 filings beginning the month of operation through May 2020)</i> |  |                                 |                                 |                                 |                                 |                                 |
| <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 | <input type="checkbox"/> MAY-20 |

**FOR OFFICIAL USE ONLY**

GRANT APPLICATION NUMBER **PAG -**

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_



# Guam Small Business Pandemic Assistance GRANT PROGRAM



## SELF CERTIFICATION FORM

**BUSINESS NAME** \_\_\_\_\_

I/We, the undersigned authorized official for \_\_\_\_\_, do hereby certify and affirm that all grant funds provided to \_\_\_\_\_ from the Guam Small Business Pandemic Assistance Grant Program shall be utilized solely for the purposing of reimbursing costs of business interruption caused by required closures relative to 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;
- b. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of 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 GEDA may require documentation and financial information to validate expenditures/impose monitoring/conduct audit.

If Grantor determines that Grantee has made any misleading statement or other written or oral representation, Grantor may rescind the Grant by written notice to the Grantee in which event the Grantee shall within five (5) days following the receipt of such notice be obligated to return to Grantor, an amount equal to all Grant payments received plus interest from the date of receipt of such Grant at the prime rate set forth in the Wall Street Journal to the date of such notice. Grantee agrees to pay Grantor's attorney fees and actual costs incurred in the collection of grant funds to the extent permitted by

*By signing below, we certify that we acknowledge, understand all the above.*

\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date