LOCAL EMPLOYERS' ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE

GUAM ECONOMIC DEVELOPMENT AUTHORITY
America in Asia
Aturidåd Inadilånton Ikunumihan Guahan

FOR OFFICIAL USE ONLY	*Application Number* L

LOAN APPLICATION CHECKLIST *All loan applications must include the following supporting documentation*		
☐ Completed and signed application form	☐ Current Business License	☐ Duly filed form SW-2 for quarter end 09/30/2021 (SWICA), if applicable
☐ Duly filed forms GRT-1 for all months in operation in 2019	☐ Duly filed forms GRT-1 for all months in operation in 2020	☐ Duly filed forms GRT-1 for months ending January 2021 to June 2021

Please ensure that application form is complete and ALL REQUIRED DOCUMENTATION IS ATTACHED and submitted to LEAP@gedagrant.com. Incomplete applications will not progress further in the review process.

1. Legal Business Name *(as appears on business license)*	**2. DBA or Registered Trade Name** *(as appears on business license)*

3.Business Legal Status *(Select appropriate box)*

☐ Sole Proprietor	☐ General Partnership	☐ Limited Partnership	☐ Professional Corporation
☐ "C" Corporation	☐ "S" Corporation	☐ Limited Liability Partnership	☐ Limited Liability Corporation

4. Business Mailing Address	**5. Business Physical Address**

6. Authorized Point of Contact	**7. Position/Title**	**8. Primary Contact Number**	**9. Email Address**

10. Business Contact Number	**11. Federal Tax ID/SS#**	**12. Business NAICS Code** *(www.sba.gov/size-standards)*	**13. DUNS/SAM REGISTRATION number** *(if applicable)*

14. Business Activity (*Restaurant, Salon, etc)*	**15. Date business commenced operations** *(mm/yyyy)*	**16. Number of full time employees as of 9/30/21**

17. Current Status of Business Operations

☐ Open and in Operation	☐ Permanently Closed	☐ Temporarily Closed	If temporarily closed, will business recommence operations in 45 days or less? ☐ Yes ☐ No

18. Indicate if you received any of the following: *(Select all that apply)*

☐ **A) US SBA Restaurant Revitalization Fund**	☐ **B) US SBA Shuttered Venue Operators Grant**	☐ **C) Guam Small Business Pandemic Assistance Grant 2021 (PAG2021)**
$	$	**Grant # PAG21-**

19. Is your business classified as a "Covered Establishment"? *(see DPHSS Guidance Memorandum 2021-24)* ☐ Yes ☐ No

20. If answered YES to item 19 above, please select the appropriate category: *(select all that apply)*

☐ Bingo hall	☐ Boat cruise	☐ Bowling alley	☐ Concerts & similar event	☐ Eating/Drinking Establishment	☐ Food court	☐ Gym/Dance Studio	☐ Theater/ Museum	☐ Organized Contact Sport

21. Purpose of loan: *(Select all that apply)*

☐ Employee wages & benefits	☐ Rent/Mortgage	☐ Utilities	☐ Other Eligible Business Expenditures

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APPLICANT CERTIFICATIONS

I, acting as the duly authorized representative of the Applicant hereby certify that:

• I have read the statements included in this form, the Local Employers' Assistance Program (LEAP) Overview and other relevant documentation, and I understand them.

• I will comply with all requirements contained in this form, the LEAP Standard Operating Procedures and any and all other relevant federal and local requirements.

• All loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with LEAP rules and guidelines, including the prohibition on using loan proceeds for any ineligble expenses. I understand that if the funds are knowingly used for unauthorized purposes, the government of Guam may hold me legally liable, such as for charges of fraud or misrepresentation, among others.

• My business commenced operations before July 1, 2019, and is either currently in operation or is temporarily closed. I understand that if my business is temporarily closed it must reopen with the intent of earning revenue to meet loan payments by no later than forty five (45) days from the date of loan promissary note signature.

• Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

• I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that any misleading or false statement(s) or false written or oral representation with respect to LEAP may result in the Guam Economic Development Authority (GEDA) rescinding the loan by written notice. In such event, I agree to and shall, within five (5) days following the receipt of such notice, return to GEDA, an amount equal to the loan amount received plus interest at the prime rate set forth in the Wall Street Journal in effect on the date of such notice. I agree to pay GEDA's attorney fees and actual costs incurred in the collection of loan funds.

• I authorize GEDA to utilize any information it currently possesses from my Guam Small Business Pandemic Assistance Grant Program 2021 (PAG2021) application file in its review and disposition of my LEAP application, if applicable.

• I acknowledge that GEDA will confirm my eligibility for funding under the Local Employers' Assistance Program and further acknowledge that GEDA may select my application for audit or review. I hereby understand and agree to provide GEDA with all required information for audit or review.

• I certify that I am not engaged in any activity that is illegal under federal, state or local law.

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

_____ _____

Signature of Authorized Representative of Applicant | Date

_____ _____

Print Name | Title