

Agenda
Shady Cove Regular City Council Meeting
Thursday, September 3, 2020
6 PM

This meeting will be held telephonically
in light of reoccurring health conditions.

Attendees will call

1-844-855-4444

Access Code 789926#

I. Call to Order

- A. Roll Call
- B. Announcements by Presiding Officer
 - 1. This meeting is being digitally recorded.
 - 2. The next regularly scheduled meeting of the City Council will be September 17, 2020, at 6 PM, possibly held telephonically.
 - 3. The next regularly scheduled meeting of the Planning Commission is September 10, 2020, at 6 PM, possibly held telephonically.
 - 4. The next meetings of the Parks and Rec Commission and the Emergency Mgt Commission have yet to be determined.
 - 5. Public may comment on agenda items - Public must state name, address and standing to discuss an issue. Issues must have a City-wide impact and not be personal issues. Depending on number of comments and time constraints, Council may limit the amount of time to 3 minutes per speaker.
 - 6. These meeting dates are subject to change by the circumstances related to COVID-19.

II. Public Hearing

None

III. Public Comment on Agenda Items

IV. Consent Agenda

- A. Regular Meeting Minutes of 8/20/20
- B. Continuation of Declaration of Emergency

V. Items Removed from Consent Agenda

VI. Staff Reports

- A. City Administrator
- B. Jackson County Deputy (CSO)
- C. Fire District 4 Chief

VII. New Business

VIII. Old Business

- A. Award of New City Grant to Local Businesses from COVID Relief Funds

IX. Written Communication

None

X. Public Comment on Non-Agenda Items

XI. Council Comments on Non-Agenda Items

- A. Mayor Richardson – RVCOG
- B. Councilor Mitchell - RVACT & Parks Commission
- C. Councilor McGregor - SOREDI
- D. Councilor Hohenstein - Planning Commission
- E. Councilor Tarvin

XII. Adjournment

City of Shady Cove
City Council Regular Meeting Minutes
Thursday, August 20, 2020
Meeting was held telephonically

CALL TO ORDER

Mayor Richardson called the Regular City Council Meeting to order at 6 PM.

Council Present: Mayor Richardson, Councilor Mitchell, Councilor McGregor, Councilor Tarvin, and Councilor Hohenstein.

Staff Present: Thomas J. Corrigan, City Administrator

ANNOUNCEMENTS

The Mayor made the announcements on the agenda.

PUBLIC HEARING

None

PUBLIC COMMENT

Bret Golla questioned exclusion of large pieces of equipment from proposed ordinance. He also commented on number of vehicles allowed for number of family members. He agrees with cars up and running but disagrees with neighbors being able to complain. Semi-trucks should be able to be at homes. Would like it to be voted on.

CONSENT AGENDA

Motion to Accept Items A and B of the Consent Agenda, Minutes of 8/06 and Bills Paid Report in the amount of \$9,100.60.

Motion: Councilor Mitchell

Second: Councilor Hohenstein

All Ayes Motion Carried 5-0

ITEMS REMOVED FROM CONSENT AGENDA

Motion to Accept Item C of the Consent Agenda, Continuation of Declaration of Emergency.

Councilor Tarvin stated again the Governor had already made a declaration.

Motion: Councilor McGregor

Second: Councilor Mitchell

Councilor Tarvin voted Nay

Motion Carried 4-1

Motion to Appoint Thomas Barnes to Planning Commission.

Motion: Councilor Hohenstein

Second: Councilor Tarvin

All Ayes

Motion Carried 5-0

Motion to Appoint Chet Krupa to Planning Commission.

Motion: Councilor Hohenstein

Second: Councilor Mitchell

Councilor Tarvin voted Nay

Motion Carried 4-1

Motion to Allow Appeal of Trailer at 110 Hudspeth and Allow additional 30 days and a possible additional 30 days afterward.

Motion: Councilor Hohenstein Councilor Hohenstein did not agree with amendment by Councilor Tarvin. Motion died.

Motion to Allow Appeal of Trailer at 110 Hudspeth with Ability to Live in it until end of month and relocate it from front yard into the back of the lot and to remove it totally from lot within 20 days after that.

Motion: Councilor Mitchell Second: Councilor Hohenstein
Councilor Tarvin voted Nay Motion Carried 4-1

OLD BUSINESS

A Motion to Approve Second Reading of Ordinance # 296, Regulating General Traffic, Vehicle Parking and Storage; Providing Penalties and Repealing Ordinance #'s 70 and 93.

Discussion ensued. Councilor Hohenstein commented on tabling this Ordinance until COVID is over and we can meet in public. Mayor commented that we have had complaints for a while from the public on properties and we could amend this Ordinance going forward. Councilor Tarvin was worried that we would be a complaint community. Councilor Mitchell responded that if there was a complaint, citizens could appeal, it is a living document. He has had no one approach him who opposed this Ordinance.

Motion: Councilor McGregor Second: Councilor Mitchell
Councilors Tarvin and Hohenstein voted Nay. Motion carried 3-2

WRITTEN COMMUNICATIONS

None

PUBLIC COMMENT

No one in Question and Answer Mode

COUNCIL COMMENTS

Mayor Richardson – RVCOG has not been meeting. Next meeting will be held via Zoom. Census replies – Oregon 66.7%, Shady Cove – 50.2%, Central Point and Eagle Point between 70 and 75%. Census takers going around. Representation in Congress is based on Census as well as State and Federal income. Please respond to the Census. Jackson County has had 3 highest days of COVID cases. Please protect yourself, wash your hands and wear a mask. Thank everyone for participating.

Councilor Mitchell – NO recent Parks and Rec Commission meeting. He will not be at next RFACT meeting. Warned people of scam at mailboxes and stealing checks and order forms to steal identity.

Councilor McGregor commented on school and COVID issues. Permanent layoffs and capital projects are taking a hit. Shut down of economy worries. Please keep mask on and keep distance. Congratulations to newly appointed Planning Commission members and two others that applied.

Councilor Hohenstein echoed the compliments to the new members of the Planning Commission. It can be a life-changing event. Do not be discouraged if you weren't appointed. Also commented on Census concerns for lack of participation. Two different populations based online. Going online for Census is very easy. The City needs a "large item" haul-away procedure. Volunteered to spearhead cleanup program if put on agenda. Mayor asked for proposal.

Councilor Tarvin thanked everyone for attending. Questioned Emer Mgt Comm if meeting. Asked about article in paper and City response. Mayor said attorney responded, possible legal issue. Mayor stated emails were obtained already a year ago from former staff member. Asked Councilor Mitchell about his comment regarding an individual councilor looking at code enforcement item. Would that be considered harassment. Discussion ensued.

ADJOURNMENT

There being no further business before the Council, the Mayor adjourned the regular Meeting at 7:25 PM.

Approved:

Attest:

Lena Richardson
Mayor

Thomas J. Corrigan
City Administrator

Council Vote:

Mayor Richardson _____
Councilor Mitchell _____
Councilor McGregor _____
Councilor Tarvin _____
Councilor Hohenstein _____

ADMINISTRATIVE ORDER
September 3, 2020
By the Mayor of the City of Shady Cove

Declaring a State of Emergency

The Mayor of the City of Shady Cove finds that:

- a. On March 8, 2020 Governor Kate Brown declared a State of Emergency due to the COVID-19 (Executive Order No. 20-03). Governor Brown also issued guidelines regarding group gatherings and social distancing to alleviate possible impacts of COVID-19 (Executive Order No. 20-5). On March 13, 2020 President Donald Trump declared a National Emergency concerning COVID-19.
- b. COVID-19 requires a significant amount of resources at the local level to keep the public and community informed and as safe as possible.
- c. The unknown duration of the COVID-19 may have a significant financial impact on the community.
- d. The primary focus at the City is to keep the community safe while maintaining the health of our workforce so the City can continue to provide crucial City services, and to alleviate impacts to residents and business owners within the City of Shady Cove.
- e. Pursuant to ORS 401.309(1), the governing body of a City may declare, by ordinance or resolution, that a state of emergency exists within the City.
- f. Pursuant to the City of Shady Cove Emergency Operations Plan adopted by the City Council of Shady Cove in May of 2012, section 3.2.1.1, confirms that power of the Mayor.
- g. Pursuant to the first Declaration of Emergency, and as the Governor has not changed the State's Declaration of Emergency as of yet.

Now, therefore, based on the above findings, the Mayor of the City of Shady Cove declares an emergency and an extension of the current Declaration.

1. This Declaration of Emergency is effective immediately and shall remain in effect until September 17, 2020 but may be extended in two-week increments.
2. To protect the health and safety of City employees, I have and will direct the City Administrator to develop emergency policies and guidance on the use of sick leave, vacation leave, telecommuting, meeting protocol, identification of essential and non-essential staff for ongoing presence at City facilities, and other policies that will be in effect for the duration of the emergency.

3. To protect the health and safety of City employees, I have and will direct the City Administrator, at his discretion, to determine whether closing certain City facilities and cancelling public meetings may be necessary.
4. The City will take all necessary steps authorized by law to coordinate the response and recover of this emergency, including but not limited to, requesting assistance from the State of Oregon and Jackson County.
5. To protect the health and safety of City employees, elected officials and the public, and reduce the number public meetings, the City Council shall consider the ratification of the Declaration of a State of Emergency at its next Council meeting on September 3, 2020 rather than via a separate emergency meeting.

Lena Richardson, Mayor
City of Shady Cove, Oregon

Ratified by City Council action on September 3, 2020

Thomas J. Corrigan, City Administrator
City of Shady Cove, Oregon



City of Shady Cove
 22451 Hwy 62 / PO Box 1210
 Shady Cove, OR 97539
 541-878-2225 PH
 541-878-2226 FX

TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8-22-20

APPLICANT INFORMATION

Business Legal Name UPPER ROGUE COMMUNITY CENTER INC.

Applicant's Name, Title ROBERT BELLAH URCC BOARD-CHAIRPERSON
Name Title

Business Physical Address 22465 Hwy 62
(Must match Secretary of State filing)

SHADY COVE OR 97539
City State ZIP Code

Business Mailing Address P.O. Box 216
(if different)

SHADY COVE OR 97539
City State ZIP Code

Phone 541-878-2702 Email urcc216@gmail.com

Business Website www.upperroguecommunitycenter.com

Business Date Started 1/14/1981

Requested Grant Amount \$ 1,000 -

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate N/A

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)

- Sole Proprietorship
(IRS Form 1040)
- Partnership
(IRS Form 1065)
- S Corporation
(IRS Form 1120S)
- C Corporation
(IRS Form 1120)
- Non-Profit

Company Officer and Management Personnel ROBERT BELLAH URCC-BOARD-CHAIRPERSON
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP)

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance

- Retention of jobs *volunteers*
- Retention of services *to Community*

How many total staff do you typically have (including owner(s)) All volunteer staffing, approx - 40

How many total staff do you currently have (including owner(s)) 16 all volunteer

NARRATIVE

Describe the primary products/services of your company.

The primary service of the URCC is to provide emergency services like rent, utilities, food & clothing for people with low income, individuals with disabilities and a substantial senior population. We also provide nutritional meals and hot lunches and loan out medical equipment (walkers, wheelchairs etc) to those in need. We are a designated Red Cross disaster center for the Upper Rogue community.

Describe your need for funding. If awarded, how will the funds be used?

To keep the Upper Rogue Community Center in operation and be able to provide much needed assistance and services to the people of the Upper Rogue community.

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)
Oregon Community Fund, Portland, OR.	URCC Comm Support	Grant	20,000 (Requested)
SORED1 (CWCU) Medford, OR.	URCC Operating Exp	Grant	10,000 (Requested)

Expected Sources and Uses of Funds

Identify the sources and uses of all assistance which have been or may be used in the project.

Source of Funds	Use of Funds
Requested grants from: Oregon Community Fund SOREDI (CWCU)	Replace loss of income due to COVID-19 closure.

CERTIFICATION AND SIGNATURE

By signing this document, you agree that the City of Shady Cove as agent for participating jurisdictions, may verify this information. Any grants awarded are contingent on verification of the accuracy of the statements made herein. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the requested information could affect that determination.

I have received a copy of the grant reporting requirements. If awarded, I agree to comply with the provided requirements and make good faith efforts to provide other documentation as requested.

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. I also certify that I have disclosed any other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the COVID19 pandemic. If awarded, I will disclose to the City of Shady Cove all future funds received from governmental and/or non-profit agencies related to COVID19 pandemic for three years from the date of this application. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title, subject to repayment of this or any future COVID-related funds, and/or imprisoned not more than five years.

Applicant's Printed Name ROBERT BELLAH - URCC Board Chairperson

Applicant's Signature Robert Bellah Date 8-22-20

Co-Applicants Printed Name _____

Co-Applicant Signature _____ Date _____

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

OFFICE USE BELOW THIS LINE

Application	Approved	Denied
Amount Awarded	\$	
Council Meeting Date		
Approval Signature		
Date		
Check Issue Date		
Check Number		
Notes:		

Date Received Stamp



City of Shady Cove
 22451 Hwy 62 / PO Box 1210
 Shady Cove, OR 97539
 541-878-2225 PH
 541-878-2226 FX

TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8-22-2020

APPLICANT INFORMATION

Business Legal Name INNER WISDOM YOGA

Applicant's Name, Title SANDRA DENNIS OWNER
Name Title

Business Physical Address 165 JANE DRIVE
(Must match Secretary of State filing)
SHADY COVE OR. 97539
City State ZIP Code

Business Mailing Address P.O. Box 1121
(if different)
SHADY COVE OR. 97539
City State ZIP Code

Phone 541-324-0844 Email sandy761@gmail.com

Business Website www.yoga.your.life.com

Business Date Started 9-16-2008

Requested Grant Amount \$ 1,000

Is this company a subsidiary or affiliate of another? YES NO
 If you answered yes to the question above provide name and address of parent or affiliate N/A

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel SANDRA DENNIS OWNER
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP)

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you typically have (including owner(s))

1

How many total staff do you currently have (including owner(s))

1

NARRATIVE

Describe the primary products/services of your company.

I offer basic yoga classes in Shady Cove and Central Point. I am a yoga therapy practitioner and offer Restorative yoga workshops in Shady Cove and Central Point. I have been teaching in the Rogue Valley since 2007.

Describe your need for funding. If awarded, how will the funds be used?

Since March 2020 I have had no income and been unable to return to a full teaching schedule and workshop offerings. Classes in Central Point have no intention of resuming this year. I have begun teaching classes in Shady Cove since June but my income is very minimal. This funding would help defray the fixed expenses of maintaining my business and provide support for me financially. No unemployment received.

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any *other* COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)
CUICU thru SOREDI JACKSON County, OR	COVID-19 Emergency Business Grant	GRANT	2,500 - Requested
Oregon State, OR	Emergency Relief Grant Program	CASH	7500 - Rec'd.

Expected Sources and Uses of Funds

Identify the sources and uses of all assistance which have been or may be used in the project.

Source of Funds	Use of Funds
SOREDI Grant requested	Replace income missing due to COVID-19 closure.

CERTIFICATION AND SIGNATURE

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I have received a copy of the grant reporting requirements. If awarded, I agree to comply with the provided requirements and make good faith efforts to provide other documentation as requested.

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. I also certify that I have disclosed any other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the COVID19 pandemic. If awarded, I will disclose to the City of Shady Cove all future funds received from governmental and/or non-profit agencies related to COVID19 pandemic for three years from the date of this application. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title, subject to repayment of this or any future COVID-related funds, and/or imprisoned not more than five years.

Applicant's Printed Name SANDRA DENNIS

Applicant's Signature Sandra Dennis Date 8-22-20

Co-Applicants Printed Name _____

Co-Applicant Signature _____ Date _____

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

- am a Sole Proprietor

4. Are you a small business? (6 – 20 employees)

YES

NO

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Amount Awarded	\$	
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Approval Signature		
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Notes:		

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 22451 Hwy 62 / PO Box 1210
 Shady Cove, OR 97539
 541-878-2225 PH
 541-878-2226 FX

TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 10/21/2020

APPLICANT INFORMATION

Business Legal Name Barber Lady The Family Salon

Applicant's Name, Title Charlott Stribling OWNER
Name Title

Business Physical Address 21850 HWY 62 #9
(Must match Secretary of State filing)
Shady Cove OR 97539
City State ZIP Code

Business Mailing Address _____
(if different)

City State ZIP Code

Phone 541 878 8000 Email CharStribling@gmail.com

Business Website _____

Business Date Started June 1998

Requested Grant Amount \$ 1000.00

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel Charlott Stribling
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP)

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you **typically** have (including owner(s)) _____

How many total staff do you **currently** have (including owner(s)) _____

NARRATIVE

Describe the primary products/services of your company.

Barber/stylist

Describe your need for funding. If awarded, how will the funds be used?

3 months unemployed
Lost income
US\$. For. PPP + supplies

mandated

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)
Jackson County Covid Small Business	T L F Relief	Business grant	2500 ⁰⁰
Medford OR.			

Expected Sources and Uses of Funds

Identify the sources and uses of all assistance which have been or may be used in the project.


Source of Funds	Use of Funds
Jackson County Business Relief	Business Exp

CERTIFICATION AND SIGNATURE

By signing this document, you agree that the City of Shady Cove as agent for participating jurisdictions, may verify this information. Any grants awarded are contingent on verification of the accuracy of the statements made herein. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the requested information could affect that determination.

I have received a copy of the grant reporting requirements. If awarded, I agree to comply with the provided requirements and make good faith efforts to provide other documentation as requested.

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. I also certify that I have disclosed any other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the COVID19 pandemic. If awarded, I will disclose to the City of Shady Cove all future funds received from governmental and/or non-profit agencies related to COVID19 pandemic for three years from the date of this application. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title, subject to repayment of this or any future COVID-related funds, and/or imprisoned not more than five years.

Applicant's Printed Name _____
 Applicant's Signature  _____
 Co-Applicants Printed Name _____
 Co-Applicant Signature _____ Date 10.21.2020

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

~~YES~~

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

~~YES~~

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

~~NO~~

4. Are you a small business? (6 – 20 employees)

~~YES~~

NO

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 Shady Cove, OR 97539
 541-878-2225 PH
 541-878-2226 FX
TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8/24/2020

APPLICANT INFORMATION

Business Legal Name Shady cove towing & Recovery

Applicant's Name, Title Heelan McElroy owner
Name Title

Business Physical Address 21411 Hwy 62 Shady cove OR
(Must match Secretary of State filing)
Shady cove OR 97539
City State ZIP Code

Business Mailing Address Shady cove OR 97539
(if different) City State ZIP Code

Phone 541 531 9045 Email BuBMCElroy@yahoo.com

Business Website _____

Business Date Started 7/1/2018

Requested Grant Amount \$ 1000⁰⁰

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel Heelan McElroy owner
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP)

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you **typically** have (including owner(s)) 3+

How many total staff do you **currently** have (including owner(s)) 2

NARRATIVE

Describe the primary products/services of your company.

Towing and Recovery

Describe your need for funding. If awarded, how will the funds be used?

Help With Payroll & Bills

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

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COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8/24/2020

APPLICANT INFORMATION

Business Legal Name Rivertan

Applicant's Name, Title ERIN ELDER owner
Name Title

Business Physical Address 21850 suit 4 Hwy 62
(Must match Secretary of State filing)
Shady cove OR 97539
City State ZIP Code

Business Mailing Address Shady cove OR 97539
(if different) City State ZIP Code

Phone 541 878 8267 Email _____

Business Website _____

Business Date Started 8/15/2017

Requested Grant Amount \$ 1000

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel E Elder owner
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP)

“Other government assistance” is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you **typically** have (including owner(s)) _____

How many total staff do you **currently** have (including owner(s)) _____

NARRATIVE

Describe the primary products/services of your company.

Tanning Salon/Hair/Massage

Describe your need for funding. If awarded, how will the funds be used?

Help cover Bills

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)

Expected Sources and Uses of Funds

Identify the sources and uses of **all** assistance which have been or may be used in the project.

Source of Funds	Use of Funds

CERTIFICATION AND SIGNATURE

By signing this document, you agree that the City of Shady Cove as agent for participating jurisdictions, may verify this information. Any grants awarded are contingent on verification of the accuracy of the statements made herein. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the requested information could affect that determination.

I have received a copy of the grant reporting requirements. If awarded, I agree to comply with the provided requirements and make good faith efforts to provide other documentation as requested.

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. I also certify that I have disclosed any other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the COVID19 pandemic. If awarded, I will disclose to the City of Shady Cove all future funds received from governmental and/or non-profit agencies related to COVID19 pandemic for three years from the date of this application. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title, subject to repayment of this or any future COVID-related funds, and/or imprisoned not more than five years.

Applicant's Printed Name Erin Elder

Applicant's Signature  Date 7/24/2020

Co-Applicants Printed Name _____

Co-Applicant Signature _____ Date _____

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

OFFICE USE BELOW THIS LINE

Application	Approved	Denied
Amount Awarded	\$	
Council Meeting Date		
Approval Signature		
Date		
Check Issue Date		
Check Number		
Notes:		

Date Received Stamp



City of Shady Cove
 22451 Hwy 62 / PO Box 1210
 Shady Cove, OR 97539
 541-878-2225 PH
 541-878-2226 FX
TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8-24-2020

APPLICANT INFORMATION

Business Legal Name Vintage Rose Salon

Applicant's Name, Title Holly Mason OWNER
Name Title

Business Physical Address 22059 Highway 62
(Must match Secretary of State filing)
Shady Cove ore 97539
City State ZIP Code

Business Mailing Address Trail ore 97541
(if different) City State ZIP Code

Phone 541 821 0473 Email vintagerose salon@aol.com

Business Website 6

Business Date Started 2-2-2000

Requested Grant Amount \$ 1,000.00

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel owner Holly Mason OWNER
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP) **NO**

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you **typically** have (including owner(s))

1

How many total staff do you **currently** have (including owner(s))

1

NARRATIVE

Describe the primary products/services of your company.

I am a Hair Stylist

Describe your need for funding. If awarded, how will the funds be used?

I was out of work due to covid from march 25 - in rough May 18 I owe my landlord and this would catch me up and take care of my losses due to no work.

thank you

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)

Expected Sources and Uses of Funds

Identify the sources and uses of all assistance which have been or may be used in the project.

Source of Funds	Use of Funds

CERTIFICATION AND SIGNATURE

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I have received a copy of the grant reporting requirements. If awarded, I agree to comply with the provided requirements and make good faith efforts to provide other documentation as requested.

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Applicant's Printed Name Holly Mason

Applicant's Signature Holly Mason Date 8-24-2020

Co-Applicants Printed Name o

Co-Applicant Signature [Signature] Date _____

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

OFFICE USE BELOW THIS LINE

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 22451 Hwy 62 / PO Box 1210
 Shady Cove, OR 97539
 541-878-2225 PH
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 TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8/22/20

APPLICANT INFORMATION

Business Legal Name Goebel's Country Store

Applicant's Name, Title Laura & Seth Goebel Owners
Name Title

Business Physical Address 22299 Hwy 62
(Must match Secretary of State filing)

Shady Cove OR 97539
City State ZIP Code

Business Mailing Address _____
(if different)

Eagle Point OR 97524
City State ZIP Code

Phone 541-878-3807 Email goebelscountrystore@gmail.com

Business Website goebelscountrystore.com

Business Date Started 2-13-18

Requested Grant Amount \$ 1,000

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel Laura Goebel owner
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP)

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you typically have (including owner(s))

2

How many total staff do you currently have (including owner(s))

2

NARRATIVE

Describe the primary products/services of your company.

Restaurant & Retail Sales

Describe your need for funding. If awarded, how will the funds be used?

Due to Covid Pandemic, we were significantly slower for several weeks. Our food and supply prices skyrocketed and we struggled to maintain our business dealings. If awarded the funds, we will use them to purchase product and pay bills.

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)
SBA	PPP *	grant	requested \$8,000
SBA	COVID relief *	loan	\$140,000 request.
* Neither have been granted			

Expected Sources and Uses of Funds

Identify the sources and uses of all assistance which have been or may be used in the project.

Source of Funds	Use of Funds

CERTIFICATION AND SIGNATURE

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Applicant's Printed Name Laura Goebel

Applicant's Signature *[Signature]* Date 8/22/20

Co-Applicants Printed Name Seth Goebel

Co-Applicant Signature *[Signature]* Date 8/22/20

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

OFFICE USE BELOW THIS LINE

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Amount Awarded	\$	
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 Shady Cove, OR 97539
 541-878-2225 PH
 541-878-2226 FX
TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8/26/2020

APPLICANT INFORMATION

Business Legal Name Happy Hounds Pet Salon
 Applicant's Name, Title Crystal Schuessler Owner/Groomer
Name Title

Business Physical Address 22057 Hwy 62
(Must match Secretary of State filing)
Shady Cove Oregon 97539
City State ZIP Code

Business Mailing Address All mail for myself is being held @
(if different)
The Shady Cove Post Office
City State ZIP Code

Phone 541-531-4853 Email Schuessler1215@gmail

Business Website Happy Hounds Pet Salon - Facebook

Business Date Started 9/12/2017

Requested Grant Amount \$1,000

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel Crystal Schuessler Owner
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP)

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you typically have (including owner(s)) 1

How many total staff do you currently have (including owner(s)) 1

NARRATIVE

Describe the primary products/services of your company.

I am the pet groomer in Shady Cove. I keep all the animals clean and their nails trimmed. I service a lot of animals in the community.

Describe your need for funding. If awarded, how will the funds be used?

I have all my Renewal Fees w the city and with the county, I need to replenish my supplies so I can work.

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)
	PPP		3,500

Expected Sources and Uses of Funds

Identify the sources and uses of all assistance which have been or may be used in the project.

Source of Funds	Use of Funds

CERTIFICATION AND SIGNATURE

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I have received a copy of the grant reporting requirements. If awarded, I agree to comply with the provided requirements and make good faith efforts to provide other documentation as requested.

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Applicant's Printed Name Crystal Schuessler

Applicant's Signature Crystal Schuessler Date 8/26/2020

Co-Applicants Printed Name _____

Co-Applicant Signature _____ Date _____

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

OFFICE USE BELOW THIS LINE

Application	Approved	Denied
Amount Awarded	\$	
Council Meeting Date		
Approval Signature		
Date		
Check Issue Date		
Check Number		
Notes:		

Date Received Stamp



City of Shady Cove
 22451 Hwy 62 / PO Box 1210
 Shady Cove, OR 97539
 541-878-2225 PH
 541-878-2226 FX

TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8/24/2020

APPLICANT INFORMATION

Business Legal Name The Fishin Hole Flyshop & Rafting

Applicant's Name, Title JACK D. Jermain owner
Name Title

Business Physical Address 21873 Hwy 62 Shady Cove
(Must match Secretary of State filing)
Shady Cove OR 97539
City State ZIP Code

Business Mailing Address P.O. Box 1314
(if different)
Shady Cove OR 97539
City State ZIP Code

Phone (541) 878-4000 Email Jack@TheFishinHoleFlyshop

Business Website TheFishinHoleFlyshop.com .com

Business Date Started May 1993

Requested Grant Amount \$ 1000.⁰⁰

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel JACK D. Jermain owner
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program, PPP) NO

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you **typically** have (including owner(s))

8 in summer (April-Oct) 6 Rest of year

How many total staff do you **currently** have (including owner(s))

8

NARRATIVE

Describe the primary products/services of your company.

Fishing Tackle - Retail supplies, Bait, Tackle, Rods, Reels, line etc.
 Rafting - Guided & Unguided Rafting
 Gift Shop - Gifts, local artists, clothing
 Deli - Meals, snacks, Espresso, Drinks
 Guide Service - Guided Fishing & Rafting Trips

Describe your need for funding. If awarded, how will the funds be used?

Due to the covid we had to shut down the business for around 16 weeks. Shutting down completely stopped our income. We had to deplete our supplies and this shutdown also made it really hard to get our labor force back to work and really hard to find labor to operate business. We would use the funds to help with expenses and avoid job loss and job retention. We will also use funds to assist in short term working capital & bring back supplies needed to operate.

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)
- NA -			
- None -			

Expected Sources and Uses of Funds

Identify the sources and uses of **all** assistance which have been or may be used in the project.

Source of Funds	Use of Funds
COVID Relief Grant	• Job retention, Avoid Job loss
	• Short Term working Capital assistance
	• Retention of Jobs
	• Assist in the Healing of our Business from Damage caused by COVID-19

CERTIFICATION AND SIGNATURE

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Applicant's Printed Name JACK D. Jermain

Applicant's Signature Jack D. Jermain Date 8/24/2020

Co-Applicants Printed Name Frances M. Jermain

Co-Applicant Signature Frances Jermain Date 8/24/2020

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

OFFICE USE BELOW THIS LINE

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Amount Awarded	\$	
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TCorrigan@shadycove.org Email

COVID19 RELIEF GRANT APPLICATION

PLEASE PRINT

Date: 8/26/2020

APPLICANT INFORMATION

Business Legal Name High Country Arts

Applicant's Name, Title Don Burda owner
Name Title

Business Physical Address 21584 Hwy 62
(Must match Secretary of State filing)
Shady Cove OR 97539
City State ZIP Code

Business Mailing Address Shady Cove OR 97539
(if different) City State ZIP Code

Phone 541 878 2905 Email hcaarts@earthlink.net

Business Website www.highcountryarts.com

Business Date Started 1978

Requested Grant Amount \$ 1000.00

Is this company a subsidiary or affiliate of another? YES NO

If you answered yes to the question above provide name and address of parent or affiliate _____

Federal Tax ID Number (EIN, SSN) _____

Federal Income Tax Status/Filing Type (Choose one below)
 Sole Proprietorship (IRS Form 1040) Partnership (IRS Form 1065) S Corporation (IRS Form 1120S) C Corporation (IRS Form 1120) Non-Profit

Company Officer and Management Personnel Don Burda owner
Name Title

PROJECT ELIGIBILITY

Has your business received any other government assistance for COVID? (Example: Paycheck Protection Program (PPP)) yes

"Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State, or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the project or activities.

What is the purpose of the requested funding? (Select all that apply.)

- Manufacture medical supplies necessary to respond to COVID19
- Business Expansion
- Job Creation
- Job Retention
- Avoid Job Loss
- Short term working capital assistance
- Retention of jobs

How many total staff do you typically have (including owner(s)) 3

How many total staff do you currently have (including owner(s)) 2

NARRATIVE

Describe the primary products/services of your company.

Hand made items such as steak knives, carving sets, serving sets, Bar ware, Cribbage games
 Fire place tool sets, baskets, mirrors, lighting
 Sold through other retail stores, websites and my store

Describe your need for funding. If awarded, how will the funds be used?

pay for materials needed to make the items as well as other operating costs

FINANCING

Other Financial Assistance Provided and/or Applied For

Detail any other COVID-related financial assistance and/or relief, on hand or applied for, that will be used in conjunction with this program.

Name of Agency, City State	Name of Program	Type of Assistance (loan, grant, etc.)	Amount (Awarded or Requested)

Expected Sources and Uses of Funds

Identify the sources and uses of all assistance which have been or may be used in the project.

Source of Funds	Use of Funds

CERTIFICATION AND SIGNATURE

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Applicant's Printed Name Don Burds

Applicant's Signature Don Burds Date 8/26/2020

Co-Applicants Printed Name _____

Co-Applicant Signature _____ Date _____

COVID19 GRANT ELIGIBILITY AND AWARD ESTIMATOR

1. Is your business registered in Jackson or Josephine County?

YES

NO

2. Is your business registered within the jurisdiction city limits? (Shady Cove)

YES

NO

3. Are you a microenterprise? (2 – 5 employees)

YES

NO

4. Are you a small business? (6 – 20 employees)

YES

NO

OFFICE USE BELOW THIS LINE

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