

EOWB LAYOFF AVERSION FUND APPLICATION

The following application is to be completed by the business owner. Please complete the following application in its entirety and return to info@eowb.com by 12:00 p.m. PDT each Wednesday. A W-9 is required to be included with this application.

Name of Business			
Physical Address <i>Include City/ZIP</i>			
Mailing Address if Different			
Phone Number:			
Contact Person			
Contact Email			
Number of Employees		Amount of Request	\$

In the box below include a brief description of the purpose of these funds.

Funds may be used for any activities to prevent, or minimize the duration of, unemployment resulting from layoffs that are a result of the business impact from COVID-19

Business Owner Signature: _____

DATE

Printed Business Owner Name: _____

Remember: The W-9 must be included and can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Eastern Oregon Workforce Board is an equal opportunity employer. With 48 hours of notice, auxiliary aids and services, and alternate formats are available to individuals with limited English Proficiency free of cost. Requests can be made directly to EOWB or with the assistance of TTY: Oregon Relay Services at 1-800-735-2900.