

REDWOOD COUNTY PANDEMIC BUSINESS GRANT PROGRAM APPLICATION



established January 2021

THIS APPLICATION IS NOT TO BE FILLED OUT, RATHER TO DISPLAY WHAT INFORMATION WILL BE INCLUDED. ONLINE APPLICATIONS WILL BE AVAILABLE BEGINNING FEBRUARY 1ST, CLOSING AT 4 PM FEBRUARY 19TH. DO NOT USE THIS APPLICATION.

Legal Name / Business Name: _____

Federal Tax ID or SSN (if no tax ID): _____

Business Type: Sole Proprietorship Corporation Coop LLC LLP Non-Profit

Fiscal Host Name if different than legal business name: _____

Industry Type: _____

Please list all business principals with 25% ownership or more. If there are additional principals, please attach a separate document which would include the below information.

Principal #1

Name: _____ DOB: _____ SSN: _____ % of ownership _____

Address: _____ City: _____ Zip Code: _____

Principal #2

Name: _____ DOB: _____ SSN: _____ % of ownership _____

Address: _____ City: _____ Zip Code: _____

Physical Address of Business: _____ City: _____ Zip Code: _____

Mailing Address of Business: _____ City: _____ Zip Code: _____

Date Established: _____ (month)/ _____ (day)/ _____ (year)

Contact Name: _____ Title: _____ Phone Number: _____

Email Address: _____ Business Website: _____

Businesses operating on or before December 31, 2018, complete the following:

Gross Revenue = revenues from the sale of goods or services, and grants received

1) YTD 2019: Gross Revenue \$ _____

2) YTD 2020: Gross Revenue \$ _____

Difference (Amount 1 - Amount 2) \$ _____ = Amount Requested: \$ _____ (not to exceed \$10,000)

Businesses operating on or after January 1, 2019, complete the following:

Gross Revenue = revenues from the sale of goods or services, and grants received

1) 2020 (select one quarter) Q1 Q2 Q3 Gross Revenue \$ _____

2) Q4 2020 Gross Revenue \$ _____

Difference (Amount 1 - Amount 2) \$ _____ + \$5,000 = Amount Requested: \$ _____ (not to exceed \$10,000)

Commented [BM1]: Example 1. 2019 \$100,000, 2020 \$50,000, difference of \$50,000 = eligible for \$10,000 award (50% loss)

Example 2. 2019 \$25,000, 2020 \$20,000 difference \$5,000 = eligible for \$5,000 award (20% loss)

Commented [BM2]: Example 1. 2020 Q2 \$5,000, Q4 2020 \$500, difference \$4,500 - eligible for \$4,500 + \$5,000 = eligible for \$9,500 award (90% loss)

Example 2. 2020 Q3 \$10,000, Q4 2020 \$3,000, difference \$7,000 eligible for \$7,000 + \$5,000 = eligible for \$10,000 award (70% loss)

Example 3. 2020 Q2 \$2,000, Q4 \$0, difference \$2,000+\$5,000 = eligible for \$7,000 award (100% loss)

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YTD 2020 Gross Revenues (for all quarters in operations) \$_____xxxx_____ (if total is \$250,000 or greater, not eligible)

Does the business and/or principals have any current tax liens on record with the Secretary of State as of the date of this application? (YES or NO)

This is a competitive program and the actual grant award will be based on the business’s economic injury, financial need, fund availability, and the leveraging of other COVID related grants. As such, we are striving to understand what your organization is experiencing. Please provide a description of your business to include an overview of your current operations and how COVID related executive order(s) have impacted operations.

_____xxxxx_____

If awarded, please describe how the funds will be used for eligible expenses.

_____xxxxx_____

Please identify what programs you have applied for, its current status and amount received.

Name of Grant Program	Status	Amount Received	If applied & denied, why?
SBA Economic Injury Disaster Loan Advance (EIDL)			
SBA Paycheck Protection Program (PPP)			
DEED Small Business Relief Grant (SBRG) (CARES Act Funds)			
City Small Business Relief Grant (CARES Act Funds)			
Redwood County COVID Small Business Relief Grant (CARES Act Funds) MN Dept. of Revenue COVID Direct Distribution Aid for Restaurants, Bars, Gyms, Bowling Centers			
MN DEED Convention Center Relief Grant			
Other, _____			
Other, _____			

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Statement of Accuracy / Authorization for Release of Information / Waiver

_____ I certify that I am the owner of the business listed for review of this application and said business is located in the within the physical boundaries of Redwood County.

_____ I certify that I or my business do not have any outstanding tax liens with the Minnesota Secretary of State

_____ I certify that I or my business do not have outstanding Redwood County property taxes as of the date of application.

_____ I certify that the funds requested are necessary to cover an adverse effect to my business, as a result of an executive order(s) issued by the Governor of the State of Minnesota during the peacetime emergency caused by the COVID-19 pandemic.

_____ I acknowledge my application is only an application for the Redwood County Pandemic Business Grant Program as authorized by legislation passed in the State of Minnesota and signed into law on December 16th, 2020. This application does not constitute a commitment on the part of Redwood County to extend grant funds to applicant.

_____ I agree to notify Redwood County, in writing, if any of the information within this application changes in any respect.

_____ I understand that by submitting this application, Redwood County is under no obligation to approve and/or grant award. I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. The Redwood County Economic Development Authority ("EDA") has the right to verify any information contained in this application and may contact any individuals and institutions involved with the proposed project to verify the information I have provided and to confirm appropriate use of Grant funds. I also agree to provide additional information upon request, including information required as part of any subsequent state or federal guidelines associated this Grant. In completing this application, I have reported all other funding that I have received from other sources that I am required to report. If it is later determined that the information I have provided is inaccurate, I may be required to repay Redwood County some or all of the Grant funds that I may receive.

I acknowledge that Redwood County and Redwood County EDA are not responsible for completion of my project and have no liability for the manner or quality of my work.

Signature

Date

Print Name