

Meeker County CARES Act Relief Fund Grant Application for Small Businesses

PROGRAM INFORMATION

Funding Information

- Eligible applicants may request **up to** \$50,000 in grant assistance **based upon need**. Actual grant award will be based on number of employees, gross revenue or profit loss, and impact to the business.
- Applications will be considered and acted on by the Meeker County EDA Board.
- The status of the data supplied for CARES Act funding will be governed by MN Statute 13.591.

Eligible Applicants

- For-profit businesses that can demonstrate business losses due to COVID-19. Businesses need to show a gross revenue or profit reduction of at least 25% between March 1, 2020 and July 31, 2020 compared to the previous year.
- Small businesses up to 50 full time employees at the Meeker County site.
- All eligible applicants must have a physical, commercial location, whether owned or leased, that is located in Meeker County (including entire City of Eden Valley). Home based businesses are eligible.
- Applicants must be current on their property taxes.
- All eligible applicants must have been operating since March 1, 2019. If businesses are registered with the Minnesota Secretary of State their filing must be current.
- Businesses must disclose if they are applying for funding from another local unit of government. Applicants are not eligible for funds from two local units of government unless the governmental entities agree to mutually fund the business.

Ineligible Applicants

- Lending institutions, law firms, accounting firms, utility companies, chain convenience stores, production agriculture, insurance agencies, financial advisors, and passive investments.
- A separate application process will be applicable to non-profit organizations.

Application Requirements

- The Meeker County CARES Act Relief Grant application must be completed in its entirety by the applicant and submitted to the EDA electronically at lisa@dsi-services.com by October 1, 2020, in order to be considered. Applications will be reviewed on a first come first serve basis.
- 2019 federal tax return filed by the business.
- Income/expense statements for March 1, 2019 through July 31, 2019 and March 1, 2020 through July 31, 2020.
- Grant recipients agree to provide documentation of how funds were spent within 60 days following grant dispersal.
- A copy of the business current filing with the Minnesota Secretary of State Office.
- Other items as requested by the review committee.

APPLICANT INFORMATION

Legal Name of the Business, including assumed name, if any:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Length of Time in Business	Years Months	Fed Tax Id#	MN State ID
Mailing Address		City	Zip
Location Address		City	Township
Business Phone		Cell Phone	
E-Mail Address		Web Address	
Contact Name		Title	
Amount of Funding Requested	\$ _____	Number of FTE employees including owner(s):	
How has the COVID-19 pandemic financially affected your business and/or how has COVID-19 directly increased costs for your business?			
For what purpose will these funds be used?			

Other COVID-19 Funding Received:

Program	Funding Received (Yes/No)		Amount of Funding
Federal Paycheck Protection Program	Yes	No	
Federal Economic Injury Disaster Loan	Yes	No	
Minnesota Small Business Emergency Loan	Yes	No	
Minnesota Small Business Relief Grant	Yes	No	
Other:	Yes	No	
	Yes	No	

Principal #1

Name	DOB	SS#
Address	City	ZIP
Percentage of Ownership _____%		

Principal #2

Name	DOB	SS#
Address	City	ZIP
Percentage of Ownership _____%		

**GRANT PROGRAM POLICY
AUTHORIZATION FOR RELEASE OF INFORMATION**

Applicant acknowledges that they are making application for a grant, and that Meeker County EDA may rely on the Applicant's warranties and self-certification of eligibility in the approval process of a grant. Applicant certifies that only one application per business location was submitted. Meeker County EDA reserves the right to verify whether duplicate applications were submitted, and to eliminate duplicate applications from consideration, in Meeker County EDA's sole discretion. The applicant acknowledges that representations made in this application will be relied on by Meeker County EDA in its decision to award such grant and such information is true and complete to the best of my knowledge. The applicant will promptly notify Meeker County EDA of any subsequent changes which would affect the accuracy of this information and the information provided on all accompanying documents. The applicant understands that it is a crime to make a false representation as to their or their company's financial ability for the purpose of securing a grant. The Applicant declares under penalty of perjury that all information provided herein and on accompanying documents is true in every detail and accurately represents the financial condition of the applicant and the Business on the date given below, and that the Applicant has authorization for the business to sign this form. I hereby make application to the Meeker County CARES Act Relief Fund. I acknowledge that this involves public dollars and I certify that I am eligible, my application is true and accurate and that I understand Minnesota Data Practices laws apply to this application and any grant agreement I may sign under it.

Signature/Title of Applicant: _____ Date: _____

Signature/Title of Applicant: _____ Date: _____

The Meeker County EDA retains final authority to determine if a business is eligible or not, and whether to approve a grant or not.

For questions, call Lisa Graphenteen at (507) 227-5402 or email lisa@dsi-services.com