

Meeker County CARES Act Relief Fund Grant Application for Nonprofits

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, number of people served, urgency of needs addressed, gross revenue loss, COVID-19 organizational response, and impact to the nonprofit.
- Applications will be considered and acted on by a committee established by the Meeker County Board of Commissioners. The Meeker County EDA will assist in outreach and processing of applications for the committee.
- The status of the data supplied for CARES Act funding will be governed by MN Statute 13.591.

Eligible Applicants

- Non-profit businesses that can demonstrate a loss of income or increase in demand for services due to COVID-19 or can make an impact for individuals or the community in response to COVID-19.
- Nonprofits with 50 or less full time employees.
- All eligible applicants must be located in Meeker County and serve the residents of Meeker County.
- Applicants must be current on their property taxes.
- All eligible applicants must be registered with the Minnesota Secretary of State and have been operating since March 1, 2019.
- Nonprofits must disclose if they are applying for funding from another local unit of government.

Ineligible Applicants

- Religious organizations without a social service component. Only the social services component is eligible.
- Nonprofit organizations directly funded by Meeker County.

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.
- A copy of the IRS non-profit determination letter.
- The most recent federal 990 tax return filed by the nonprofit.
- Income/expense statements for the period of 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 nonprofits current filing with the Minnesota Secretary of State Office.
- Other items as requested by the review committee.

APPLICANT INFORMATION

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

<input type="checkbox"/> 501c3	<input type="checkbox"/> 501c6	<input type="checkbox"/> Other: _____	
Length of Time in Operation	Years	Months	Fed Tax Id#
Mailing Address			MN State ID
Mailing Address			City
Location Address			Zip
Location Address			City
Business Phone			Township
E-Mail Address			Cell Phone
Contact Name			Web Address
Contact Name			Title
Amount of Funding Requested	\$ _____		Number of FTE employees:
			Number of volunteers:
			Annual average number of people served:
What is the purpose/mission of this non-profit organization?			
How has the COVID-19 pandemic and stay at home orders impacted your non-profit organization? (ie loss of revenue, inability to serve clients, increase in demand for services, etc)			
What additional need(s), if any, has this non-profit addressed for individuals and/or for the community as a result of COVID-19 and related orders?			
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	
Other:	Yes	No	
	Yes	No	

**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 non-profit 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 and/or a subcommittee of Meeker County 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 Non-profit on the date given below, and that the Applicant has authorization for the Non-profit 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 and the established Subcommittee retains final authority to determine if a non-profit 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