



Small Business Grant Program

Business & Non-Profit Application

Lac qui Parle County

Contact and Business Information

Non-Profit Organizations are eligible for this grant; please fill out appropriate fields as applicable to your organization

Name: _____ Date: _____

Business Name: _____ Title: _____

Business Type: Sole Proprietorship Partnership Corporation LLC

Physical Location in Lac qui Parle County? YES NO

Are you a Non-Profit Organization? YES NO

Address: _____

Phone: _____ Email: _____

Federal Tax ID Number (TIN): _____ MN State Tax ID: _____

of Employees (*if applicable*): _____ Total economic impact of COVID-19: + - \$ _____

COVID Impact Information

Please check all funding sources applied for:

- Federal PPP
- Federal EIDL
- Federal SBEL
- Federal SBRG
- State DEED
- None

Please Check all funding sources received:

- Federal PPP
- Federal EIDL
- Federal SBEL
- Federal SBRG
- State DEED
- None

How has the COVID-19 Pandemic financially affected your business? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Business closure | <input type="checkbox"/> Inability to respond to home delivery requests |
| <input type="checkbox"/> Reduced hours of operation | <input type="checkbox"/> Interrupted supply/delivery |
| <input type="checkbox"/> Employee layoffs | <input type="checkbox"/> Employee absenteeism |
| <input type="checkbox"/> Revenue decline | <input type="checkbox"/> Inability to serve customers |
| <input type="checkbox"/> Increased operating costs (i.e. employee paid leave) | <input type="checkbox"/> Decreased customers |
| <input type="checkbox"/> Access to capital to address increased costs | <input type="checkbox"/> Other (<i>Comment box below</i>) |

Were these expenses necessary and directly related to the COVID-19 Pandemic? YES NO



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Were these expenses budgeted for as of your 3/27/2020 budget? YES NO

Did these expenses occur after 3/1/2020? YES NO

Grant Request

Grant requests of up to \$5,000 per business will be considered and must be supported by documentation of expenses paid by your business on or after 3/1/2020. Please fill out the following table with your expenses.

Category	Description	Cost
Rent/Mortgage OR Utilities		
Rent/Mortgage OR Utilities		
Rent/Mortgage OR Utilities		
PPE / Supplies		
Equipment / Construction		
Other Expenses		

Total Amount of Funding Requested: \$ _____

Please review the Lac qui Parle County SBG Program Guidelines here: <http://lqpc.com/index.php/cares/>

I certify that I have read the grant application guidelines

Are you able to provide documentation for all your business expenses you are seeking reimbursement for?

YES NO UNSURE Explain: _____



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Authorization

Authorization For Release of Information:

By submitting this application, I declare that the information provided is true and complete to the best of my knowledge. The Lac qui Parle County Board, the COVID-19 Task Force, and the Department of Emergency Management has the right to verify any information contained in this application and may contact any individuals and businesses involved with the proposed project.

Grantee certifies that the applicant has the authority to apply for this grant on behalf of the business/non-profit, has been negatively impacted by the COVID-19 Pandemic, and that any received funds will be used for authorized business/non-profit expenses in accordance with the requirements and restrictions set forth in this application.

Submission of an application does not automatically qualify for approval. Applications may be wholly or partially granted or discarded entirely depending on eligibility review and available funding.

I Agree and Understand

Name (Print/Type)

Title

Signature

Date

You MUST attach purchase receipts to this application and any other proof of your expenses to be eligible. Any expenses that were paid for but are found to be ineligible MUST be reimbursed to the county within 30 days of notification.

The C19 Task Force along with the Lac qui Parle County Board of Commissioners retains final authority to determine if a business and related expenses are eligible or not, and whether or not to approve this application.