



# COVID Business Relief Grant

## Business Application

Lac qui Parle County

### Contact and Business Information

Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Type: Sole Proprietorship  Partnership  Corporation  LLC

Physical Location in Lac qui Parle County? YES NO

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID Number (TIN): \_\_\_\_\_ MN State Tax ID: \_\_\_\_\_

NAICS Code ([Lookup](#)): \_\_\_\_\_ The FTE number of employees including owner(s): \_\_\_\_\_

### COVID-19 Pandemic Impact

Was your business forced to close or reduce operations due to a Governor's Executive Order? Yes  No

Have you been forced to cut hours or lay employees off since the start of the pandemic?

What is the estimated revenue change from the 2019 calendar year to the 2020? \$ \_\_\_\_\_

Please explain how COVID-19 has affected your business and why you need financial assistance (as detailed as possible):

### Previous Funding

Did you apply for and receive CARES Act assistance from the Federal Government, State Government, Lac qui Parle County, or other municipality? Yes  No

If you answered "Yes" to the above, please complete the following:

Did your business receive a(n):			If "Yes", amount received:
Paycheck Protection Program Loan:	Yes	No	\$
Small Business Administration Loan:	Yes	No	\$
Economic Injury Disaster Grant:	Yes	No	\$
Lac qui Parle County Business Grant (Round 1):	Yes	No	\$



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Direct Payment from State of MN (DEED, etc)	Yes	No	\$
Other:	Yes	No	\$

### Assistance Request

Grant Amount Request: \$ \_\_\_\_\_

Please provide information on how the requested grant funds would be used in accordance with the grant program:

Lease or Mortgage Payments:	\$
Payroll:	\$
Utilities:	\$
Insurance:	\$
Property Taxes:	\$
Payments to Suppliers:	\$
Business Consulting Fees related to COVID:	\$
Expenses related to an Increased Demand on a Service or Program:	\$

Other Business Expenses (please list below):

	\$
	\$
	\$

### Grant Information

#### Eligible Applicants

- The Grantee suffered financial loss from business interruption caused by required closures or business reduction or increased expenses resulting from the COVID-19 Pandemic or suffered loss in response to executive orders. Dates of loss for grant purposes are March 1, 2020 to December 31, 2020.
- The Grantee is physically located within the boundaries of Lac qui Parle County, Minnesota, grants are only for Lac qui Parle County loss.
- The Grantee has been operating since at least March 1, 2020.
- The Grantee is expected to be fully operational after local and state emergency guidelines are rolled back. (consider speaking towards sustaining business in application essay portion)
- All terms are subject to change at the discretion of Lac qui Parle County COVID-19 Task Force and Board of Commissioners.
- Business may be required to submit receipts, bills, invoices, or other proof of how grant funds were spent.
- Business must hold active all required licenses.



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### Ineligible Businesses

- Businesses who primarily derive income from gambling, adult entertainment.
- Is a publicly traded company.
- Businesses who are owned by a governmental agency (such as township, city, etc)
- Businesses who primarily derive income from passive investments, rentals, or property management.
- Businesses who have unpaid liens registered with the Secretary of State's Office. The county will be required to verify this status.

### Application Requirements

- Fully completed and signed COVID Business Relief Grant Application.
- Fully completed and signed IRS W-9 Form. If this is not received by the application deadline, the request will not move forward in the application process.
- All applications shall be submitted by close of business on Monday, 02/08/2021 at 4:30pm. Applications should be submitted via email to [blain.johnson@lqpc.com](mailto:blain.johnson@lqpc.com) or via sealed envelope to the County Courthouse Dropbox at 600 6<sup>th</sup> Street, Madison, MN 56256. Applications will be reviewed as they are accepted. Announcements of awards will be made after full board approval on Tuesday, 02/16/2021.

### Award Process

- Grants will be reviewed on-going by the Lac qui Parle County COVID-19 Task Force as they are received. Once the deadline closes, applications for grant funds and recommendations will be finalized. A list will be presented to the County Board on February 16<sup>th</sup> with business name and award amount for final approval.
- Notification of awards to applicants will occur on February 16<sup>th</sup>.
- The minimum grant amount will be \$500 to every qualifying applicant who is able to demonstrate lost revenue and/or business closure due to an Executive Order.
- Issuance of funds will occur via check on February 19<sup>th</sup> via the United States Postal Service.

### Public Disclaimer

The Applicant acknowledges that they understand data submitted in relation to this application will become government data and is subject to federal and state data laws. Some of the data may be considered private or nonpublic prior to the award of financial assistance, while some limited data may be considered private or nonpublic even following the award. The County will not publicize your business plans, customer lists, income tax returns, design / market / feasibility studies, income and expense reports, or any other data classified as private or nonpublic under Minn. Stat. §13.591. Application data submitted by organizations that are not selected for grant funding will only be released upon request and as required by Minn. Stat. Chapter 13 or other applicable state/federal law. Application or evaluation data may also be shared with any entity that has a legal right to the data under Minnesota or federal law, including under court order. You can refuse to supply any or all of the requested information, which you are not legally required to provide.

I have read and understand the 'Grant Information' Section



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**Lac qui Parle County**

## Attestation and Signature

*I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. I understand that Lac qui Parle County or the Lac qui Parle County Emergency Management Department has the right to verify any information contained in this application and may contact any individuals and agencies involved and/or require grantee to complete a REV185b tax data disclosure form. I also acknowledge that I have no outstanding liens at the MN Secretary of States Office.*

*I also understand that I will be liable to pay back funds if I am found to have misrepresented my data or not spent the funds according to eligible uses. I also understand that Lac qui Parle County reserves the right to make modifications to the program in response to community need and available funds.*

*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 the above Attestation Statement**

\_\_\_\_\_  
Name (Print/Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*You MUST attach a signed W-9 IRS Form with your grant application which can be found here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>*