



# STEVENS County CARES Grant Application For Businesses

## 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   | \$ _____                             | The FTE number of employees including owner(s): |                              |
| How has the COVID-19 pandemic financially affected your business?   |                                      |   |                              |
| For what purpose will these funds be used? Please list detail below or attach spreadsheet with item and approximate cost. Use additional space, as necessary. |                                      |   |                              |

Please check all funding sources applied for:     Federal PPP     Federal EIDL     MN SBEL     MN SBRG

Please check all funding sources received:     Federal PPP     Federal EIDL     MN SBEL     MN SBRG

### Principal #1

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

### Principal #2

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

## Funding Information

- Eligible applicants may request up to \$10,000 in STEVENS County CARES Grant assistance based upon need. Actual grant award will be based on number of employees, gross revenue loss, and impact to the business. Businesses are encouraged to state full need, even if in excess of \$10,000 in the event more funds become available or there are not enough applications.
- Applications will be considered by the Stevens County Business Relief Committee and Acted on by the County Board.
- The grant application and related attachments will be considered public information. The social security number, bank accounts, and date of birth information will be considered private data.

### **Eligible Applicants**

- The Grantee suffered financial loss from business interruption caused by required closures or business reduction resulting from COVID-19 public health emergency or suffered loss in response to executive orders. Dates of loss for grant purposes are March 1, 2020 to December 1, 2020.
- 
- The Grantee is physically located within the boundaries of Stevens County, Minnesota, grants are only for Stevens County business loss.
- The Grantee has been operating since at least February 1, 2020 (except daycare, see below).
- The Grantee is expected to be fully operational after local and state emergency guidelines are rolled back. (in application consider them speaking to sustaining business)
- The Grantee is not a publicly traded company.
- The Grantee must not be delinquent on their taxes, and have no unpaid liens as on March 1, 2020, and is not operating in violation of any state, federal or local laws. Must hold all current and applicable licenses.
- The Grantee has not received financial assistance from any federal, state, or local Small Business Assistance Program for the expenses claimed for this grant. This grant is eligible for expenses beyond what was covered in the fed/state/local program.
- Must have a physical business establishment, including home based.
- Daycare providers eligible: those that OPEN during this time frame to replace lost capacity due to COVID and those currently in business who can show loss above grants already received.
- Restrict by 10 % of loss or greater after other federal, state, and local funds granted have been applied to that loss. Business will have to show financial data from 2019 compared to 2020 time-period.
- Grant amounts will range from \$250 to \$10,000, depending on need and number of applicants. Businesses are encouraged to state full need, even if in excess of \$10,000 in the event more funds become available or there are not enough applications.

- All terms are subject to change at the discretion of Stevens County Business Relief Sub-Committee.
- The Stevens County Business Relief Sub-Committee retains final authority to determine if a business is eligible or not, and whether to approve a grant or not.

**Ineligible guidelines for Businesses/Non-Profits:**

- Businesses who primarily derive income from gambling, adult entertainment
- Businesses who primarily derive income from passive investments, rentals, property management
- A separate application process will be applicable to non-profit organizations.

**Application Requirements**

- All applications shall be submitted by close of business **10/23/2020 at 4:00 pm**. Applications should be submitted in a sealed envelope at: 400 Colorado Ave, Morris, MN or digital applications send to [rebeccayoung@co.stevens.mn.us](mailto:rebeccayoung@co.stevens.mn.us) Applications will be reviewed as they are accepted. Awards will be made after **11/1/2020**.
- The most recent federal tax return filed by the business.
- Income/expense statements for the second quarter of 2019 and the second quarter of 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.

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

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. Stevens County has the right to verify any information contained in this application and may contact any individuals and institutions involved with the proposed project.

Signature/Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The Stevens County Board of Commissioners retains final authority to determine if a business is eligible or not, and whether to approve a grant or not.**

For questions, please call Rebecca Young at 320.208.6583 or email at [rebeccayoung@co.stevens.mn.us](mailto:rebeccayoung@co.stevens.mn.us).