



Traverse County CARES Pandemic Relief Grant Application For Non-Profit Organizations

Funding Information

Traverse County is implementing this program under the federal CARES Act in order to provide relief to non-profit organizations who suffered temporary business closure or interruption caused by required closures imposed by the State.

- Payments to eligible business will range from \$250 to \$10,000 based on need, number of applicants, and funds available. (OR Eligible applicants may request up to \$10,000 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 it exceeds \$10,000 in the event more funds become available or there are not enough applications.
- Applications will be considered by the Traverse County CARES Act Committee and approved by the Traverse 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.

Eligibility Requirements

- Non-profit organizations 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 during the time frame of March 1, 2020 to September 30, 2020.
 - Eligible applicants must have a physical location in Traverse County and serve the residents of Traverse County.
 - Eligible applicants must be registered with the Minnesota Secretary of State and have been operating since February 1, 2019.
 - Non-profit organization must not be operating in violation of any state, federal or local laws. Must hold all current and applicable licenses.
 - Non-profit organization has not received financial assistance from any federal, state, or local Small Business Assistance program for the expenses claimed for this grant.
 - Non-profit organizations are eligible to apply for CARES funding from only one local unit of government.
 - 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.
 - All terms are subject to change at the discretion of the Traverse County CARES Act Committee.
 - The Traverse County CARES Act Committee retains final authority to determine if a business is eligible or not, and whether to approve a grant or not.
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Application Requirements

- All applications must be completed in its entirety by the applicant and submitted to the Traverse County Coordinators Office located at 702 2nd Ave N, P.O. Box 428, Wheaton, MN 56296; or submitted electronically to lisa.zahl@co.traverse.mn.us by 4:30 p.m. September 30, 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 business.
- Income/expense statements for the first six months of 2019 and the first six months of 2020.
- Grant recipients agree to provide documentation (itemized expenses and receipts) of how funds were spent within 60 days following grant dispersal.
- A copy of the non-profit's current filing with the Minnesota Secretary of State Office.
- Other items as requested by the review committee.

APPLICANT INFORMATION

Legal Name of Business: _____

Name of Business Owner(s): _____

Business Address: _____

Business Owner's Address: _____

Federal Tax ID#: _____ MN State ID#: _____

Length of Time in Business: _____ Years _____ Months

Applicants Name and Title: _____

Applicants E-mail: _____

Applicants Phone: _____

Business Type (select one):

501 (c)(3)

501 (c)(6)

Other _____

Business Description: (what is the purpose/mission of this non-profit organization)

Number of employees including owner(s): _____

Amount of Funding Requested: _____

How has the COVID-19 pandemic impacted your non-profit organization? (i.e.; 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? Please list detail below or attached spreadsheet with item and approximate cost. Use additional space, as necessary.

Have you applied for or received financial assistance from any of the following COVID-19/CARES Act loan or grant program categories:

- Federal programs (PPP, EIDL, SBA Loans, etc.) Any COVID-19 related MN DEED grant or loan program
 Other local (city) grant programs Have not received any other loans or grants related to COVID

Amount received if any: _____

**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. Traverse 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: _____

Traverse 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, call 320.422.7778 or email lisa.zahl@co.traverse.mn.us
