

TRAVERSE COUNTY, MINNESOTA BUSINESS RELIEF GRANT PROGRAM APPLICATION

Business who have previously received financial assistance, from any level of government, are eligible for this program.

Business Information:

1. Legal Name of Business: _____ <small>(Name should be the official registered name with the Office of the Minnesota Secretary of State's Office)</small>	
DBA (If different): _____	
Address: _____	
NAICS Code: _____	TIN (EIN, SSN): _____

2. Primary Contact:	
Telephone: _____	Email: _____

3. Is your business a for-profit, private business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "Yes", please complete the following:		
Check one:		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corp
<input type="checkbox"/> LLC	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Other:
Current Number of Employees: _____	Number of Full-Time: _____	Number of Part-Time: _____
Did your total number of employees change from 2019 to 2020 due to the COVID-19 pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "Yes" above, please briefly explain: _____		
2019 Gross Revenue: _____	2020 Gross Revenue: _____	
<small>Note: Gross revenue is not profit. Do not deduct cost of goods sold or any other expenses from the two numbers provided above.</small>		

4. Is your business a nonprofit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "Yes", please complete the following:		
<input type="checkbox"/> 501(c):	<input type="checkbox"/> Other (Please Explain):	
Total Number of Employees: _____	Number of Full-Time: _____	Number of Part-Time: _____
Did your total number of employees change from 2019 to 2020 due to the COVID-19 pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "Yes" above, please briefly explain: _____		
2019 Gross Revenue: _____	2020 Gross Revenue: _____	
<small>Note: Gross revenue is not profit. Do not deduct cost of goods sold or any other expenses from the two numbers provided above.</small>		
Events & Donation Income: In 2018: _____	In 2019: _____	In 2020: _____
Total Number of Traverse County Residents Served: In 2019: _____		In 2020: _____

5. Is your business located in the political boundaries of Traverse County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have current tax liens on record with the Secretary of State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Impact Information:

7. Direct Impact: Was your business directly referenced in an Executive Order where you were:

Required to close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restricted from operating at full capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to one of the questions above related to a direct impact, please skip to question 9.

8. Indirect Impact: Was your business indirectly impacted by an Executive Order where you:

Were unable to provide a good or service to a business that was directly impacted by an Executive Order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were unable to provide a good or service to the community due to an Executive Order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experienced a drastic decrease in customer, client, or guest volume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experienced a drastic increase in demand for a service or program that was not anticipated at the beginning of 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to one of the questions above related to an indirect impact, please describe how your business was adversely affected and/or impacted by an Executive Order related to the COVID-19 pandemic.

Previous Funding Information:

9. Did you apply for and receive CARES Act assistance from the Federal Government, State Government, Traverse County, and/or a municipality located within Traverse County? Yes No

If you answered "Yes" to question 9, please complete the following:

Did your business receive a(n):			If "Yes", amount received:
Paycheck Protection Program Loan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Small Business Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Loan: Economic Injury Disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Grant: Traverse County CARES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Grant: City/Town CARES Grant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

Assistance Request:

10. Grant Amount Request: \$ _____

11. 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 COVID:	\$
Expenses related to an Increased Demand on a Service or Program:	\$
Other Business Expenses (please list below):	
	\$
	\$
	\$

Supporting Documents:

- W-9 with signature
- Evidence to substantiate Gross Revenue for 4th quarter of 2019 and 2020 (4th quarter Profit & Loss Statement or fill out the Profit and Loss Grant Documentation excel file provided)
- Evidence to substantiate Total Number of Employees (i.e. Payroll Reports, Form 941, etc.)
- A business may apply for a grant even if they have received funds from the Department of Revenue or DEED. A REV185 form is required to verify this information.

Contact Information:

For questions, please contact: lisa.zahl@co.traverse.mn.us, or you may call Traverse County Administration at (320) 422-7778.

Applicant Acknowledgments & Certification:

1. The Applicant shall hold Traverse County, MN, its officers, consultants, attorneys, and agents harmless from any and all claims arising from or in connection with the Traverse County Business Relief Grant Program or its Application (Grant Application), including but not limited to, any legal or actual violations of any State or Federal laws.
2. The Applicant recognizes and agrees that Traverse County retains absolute authority and discretion to decide whether or not to accept or deny any particular Grant Application, and that all expenditures, obligations, costs, fees, or liabilities incurred by the Applicant in connection with the Grant Application are incurred by the Applicant at its sole risk and expense.
3. The Applicant acknowledges that they have read the County Business Relief Grant Program eligibility requirements and understands that if the application is approved for funding, grant funds awarded must only be used to pay eligible expenses. Applicant is exclusively responsible for the lawful use of any funds awarded under the County Business Relief Grant Program.
4. 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.
5. A recipient found to have misrepresented themselves or their business is responsible for repaying funds to Traverse County.
6. **Financial Assistance Certification:** I hereby certify that the Traverse County Business Relief Grant Program is necessary and due to adverse effects related to an Executive Order issued by the State of Minnesota in response to the COVID-19 Pandemic.
The undersigned, a duly authorized representative of the Applicant, hereby certifies the foregoing information is true, correct, and complete as of the date hereof; and agrees that:
 - The business is located within the political boundaries of Traverse County;
 - There are no outstanding tax liens with the Office of the Minnesota Secretary of State;
 - All proceeds from the grant will be used for eligible business expenses under the County Business Relief Grant Program;
 - Applicant shall be bound by all terms and provisions of the County Business Relief Grant Program.

SIGNATURE OF AUTHORIZED BUSINESS REPRESENTATIVE

DATE

TITLE