



St. Louis County, MN

Phase 3: St. Louis County Small Business COVID-19 Relief Grant Application

Form

9003

Rev. 1-11-2021

Overview: The purpose of this grant is to provide emergency grant assistance to qualifying small businesses and non-profits adversely impacted by the COVID-19 pandemic. Grant funding will be based upon number of employees and demonstrated need. No matching funds are required, although grant funds must be paid back if eligibility requirements are not met or if proper documentation is not provided upon request. St. Louis County may conduct an audit of any grants awarded. **Please refer to the official Phase 3 St. Louis County Small Business COVID-19 Grant guidelines posted on www.stlouiscountymn.gov/cares or call (218) 725-5000 for more information.**

Completed applications can be submitted beginning January 19, 2021 at 9:00 a.m. until February 3, 2021 at 4:30 p.m. using the following methods:

- 1. Online at:** www.stlouiscountymn.gov/cares (preferred)
- 2. By email at:** CARES@stlouiscountymn.gov
- 3. By mail at:** Planning and Community Development Department
Government Services Center
320 W 2nd Street, Suite 301
Duluth, MN 55802 *(must be postmarked by 2/3/2021)*

BEFORE YOU GET STARTED...

As part of this application, you will need to submit a current signed and dated W-9 Form (visit www.irs.gov to obtain a form). You will also need to provide information on monthly operating and COVID-19 related expenses. For your benefit, you should be familiar with this information prior to completing the application.

A. APPLICANT INFORMATION

Name of Business or Non-Profit _____

Type of Business or Non-Profit (i.e., gas station, grocery, etc.). If Non-Profit, please also indicate your IRS status (i.e., 501(c)3, etc.) _____

Business Physical Address (no P.O. boxes) _____	City _____	State MN	ZIP _____
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Business Email Address _____	Business Phone _____	Business Website URL _____
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Contact Person Name _____	Contact Person Phone _____
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Contact Person Email Address _____	Federal ID Number (EIN number) – <i>if applicable</i> _____
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B. NUMBER OF EMPLOYEES CURRENTLY AND 1-YEAR AGO

2	1. Current full-time employees _____	2	3. Full-time employees as of January 1, 2020 _____
0		0	
2	2. Current part-time employees _____	2	4. Part-time employees as of January 1, 2020 _____
1		0	

C. OTHER COVID-19 GRANTS AND LOANS *(receiving other funding does not disqualify you from grant consideration)*

Place a checkmark to indicate other COVID-19 grants and loans you have received (or are expecting) and indicate the funding amount:

- | | | | | |
|--|------------------------------|-----------------------------|----------------------------------|--------------------------------|
| 1. MN Department of Revenue relief payments (2021) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Pending | If yes, how much? \$ _____ .00 |
| 2. Paycheck Protection Program (PPP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Pending | If yes, how much? \$ _____ .00 |
| 3. Small Business Administration Grant/Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Pending | If yes, how much? \$ _____ .00 |
| 4. Minnesota DEED Grants or Loans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Pending | If yes, how much? \$ _____ .00 |
| 5. City/Local/Regional Grants or Loans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Pending | If yes, how much? \$ _____ .00 |
| 6. Other COVID-19 related Grants or Loans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Pending | If yes, how much? \$ _____ .00 |

PLEASE REVIEW THE FOLLOWING GUIDELINES ON ELIGIBLE AND INELIGIBLE EXPENSES:

Eligible Expenses:

Grant funds must be used by the eligible business or non-profit for operation expenses incurred during the COVID-19 pandemic, including:

1. Direct COVID-19 related expenses (i.e., Personal Protective Equipment (PPE), cleaning supplies, Plexiglas, etc.)
2. Operating expenses including rent, mortgage, utilities, real estate taxes, insurance, etc.
3. Payroll (Salaries/Wages)

Note: All eligible expenses must have proper documentation **upon request** and must have been incurred after March 1, 2020, and prior to application.

Ineligible Expenses:

Expenses reimbursed by other federal, state, local and/or other grant or loan programs, including the St. Louis County Phase 1 and Phase 2 Small Business COVID-19 Relief Grants.

D. DESCRIPTION OF BUSINESS EXPENSES (please read all categories before providing answers)

1. What is your monthly rent or mortgage?	\$ _____ .00
2. What is your average monthly utilities (i.e., electricity, water/sewer, internet, phone, etc.)?	\$ _____ .00
3. What is your average monthly payroll?	\$ _____ .00
4. How much were your 2020 property taxes?	\$ _____ .00
5. What is your <u>approximate</u> average monthly additional operational expenses (i.e., fees, insurance, etc.)?	\$ _____ .00

E. DESCRIPTION OF COVID IMPACTS

1. Was your business or non-profit forced to temporarily close as a result of a Minnesota Executive Order related to the COVID-19 pandemic (indicating no does not disqualify you from grant consideration)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was your business or non-profit forced to temporarily close due to a customer or employee's reported COVID-19 health concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What is the total unreimbursed (i.e., not covered by grants) estimated amount your business or non-profit has spent as a direct result of the COVID-19 pandemic?	\$ _____ .00
4. How much revenue has your business or non-profit lost as a result of the COVID-19 pandemic? <i>Note: If possible, compare 2020 to 2019 or simply provide an estimate.</i>	\$ _____ .00
5. How has the COVID-19 pandemic impacted your business or non-profit (please briefly explain in 250 words or less)?	

F. APPLICATION REQUIREMENTS

Please verify the following grant requirements:

Check the appropriate box

- | | |
|---|--|
| 1. Does the business or non-profit physically operate in St. Louis County? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the business or non-profit have a current tax lien on record with the Secretary of State? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Was the business or non-profit impacted by a Minnesota Executive Order related to the COVID-19 pandemic? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the business or non-profit primarily derive income from lobbying, gambling or adult entertainment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Has the business filed for bankruptcy after March 1, 2020? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

G. BUSINESS PROFILE

This following information may be factored into funding priorities:

- | | |
|---|--|
| 1. Is the business or non-profit primarily owned by women, minorities and/or veterans? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the business or non-profit primarily serve priority populations (communities of color, American Indian communities, people experiencing homelessness and housing instability, LGBTQAI2S, the elderly and people with disabilities)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the business or non-profit currently compliant with all permit and license requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the business derive income from passive investments, such as real-estate holdings, property management, rentals, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

H. GRANT REQUEST & COMMUNITY IMPACT

1. How much money are you requesting through this grant? \$ _____ .00

Note: Please refer to the Phase 3 St. Louis County Small Business COVID-19 Grant guidelines posted on www.stlouiscountymn.gov/cares. The demand for grant assistance is expected to greatly exceed funding availability. As a result, not all grant applications will be funded.

2. How would your use of Phase 3 grant funds have a positive impact on your business and community (please briefly explain in 250 words or less)?

AGREEMENT

Check Box to Agree

By signing and/or submitting this application, I certify and agree that I am the owner or the authorized agent of the above business and that all information submitted is true and correct to the best of my knowledge. I further agree that false or misleading statements will result in nullifying the grant application and require the immediate return of grant funds to St. Louis County. Failure to provide proper documentation of the information provided in this application to St. Louis County upon request shall render the grant application incomplete, nullifying the grant application and requiring the immediate return of grant funds to St. Louis County. I understand that, in the event federal funding becomes available to fund this program, the state may change the funding source and, if it does, I must comply with all terms of the federal funding source and any applicable Single Audit Act requirements, including the need for federal single audits. I understand the information submitted may be public data, pursuant to the Minnesota Government Data Practices Act. I further understand that St. Louis County may audit the use of the grant funds. A list of successful grant recipients will also be made public.

By providing an email address, you are authorizing St. Louis County to exchange information with you about your application using unencrypted email. This information may include private or nonpublic data. Unencrypted email is not secure. You accept the risk that data may be intercepted by someone other than the intended recipient and understand that St. Louis County is not liable for any damages caused by such interception. Selecting email does not authorize St. Louis County to release private or nonpublic data to anyone other than the recipient unless otherwise allowed by law.

Authorized Applicant Name:

Title:

Date (month/day/year):