



St. Louis County, MN

Phase 2: St. Louis County Small Business COVID-19 Relief Grant Application

Form

9003

Rev. 9-14-2020

Overview: The purpose of this grant is to provide emergency grant assistance to qualifying small businesses adversely impacted by and responding to the COVID-19 pandemic. The grant will reimburse eligible expenses up to \$50,000 to businesses and non-profits with 100 or fewer employees (full and part-time combined) for COVID-related expenses. No matching funds are required. 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. Additional grant information and assistance can be found at:

Phone: (218) 726-2033

Email: CARES@stlouiscountymn.gov

Online: www.stlouiscountymn.gov/CARES

This Completed Application can be Submitted using the Following Methods:

1. By email at: CARES@stlouiscountymn.gov

2. By mail at: Planning and Community Development Department, Government Services Center, 320 W 2nd Street, Suite 301, Duluth, MN 55802

Before you proceed...

As part of the application, you will need to provide information on your COVID-19 related business expenses. For your benefit, you should be familiar with the amount and description of these expenses prior to completing the application.

APPLICANT INFORMATION

Name of Business

Please Briefly Describe the Business (i.e., grocery store, non-profit, clothing, etc.)

Business Physical Address (no P.O. boxes)

City

State
MN

ZIP

Business Email Address

Business Phone

Business Website URL

Contact Person Name

Contact Person Phone

Contact Person Email Address

Federal ID Number (EIN number) – *if applicable*

Number of Employees

Please indicate the number of full and part time employees

Please review the following guidelines on eligible and ineligible use of grant funds

Eligible Expenses: Must be COVID-19 related, including but not limited to the following:

- Direct COVID-19 expenditures with receipts, including:
 - ✓ Personal Protective Equipment (PPE).
 - ✓ Cleaning supplies, hand sanitizers, social distancing expenditures, COVID-19 screening equipment, etc.
 - ✓ Similar direct expenditures due to COVID-19.
- Expenses incurred during or as a result of business interruption due to a mandated Minnesota Governor Executive Order shutdown or COVID-19 related business closing, including but not limited to:
 - ✓ Rent, mortgage, and utilities (up to 50% are grant eligible).
 - ✓ Irrecoverable expenses incurred in the loss of business, contracts, events, bookings, cancellations, etc. (not loss of revenue). For example, non-refundable contractual payments for services/activities/goods which were never fulfilled.
 - ✓ Any similar expense incurred during or as a result of business interruption, including payroll not covered by the Payroll Protection Program (PPP) or other funding programs during a shutdown or COVID-19 related business closing.
- All eligible expenses must have proper documentation and must have been incurred after March 1, 2020, and prior to application.

Ineligible Expenses:

- ✓ COVID-19 expenses paid for by other federal, state, and local grant or loan programs
- ✓ Expenses reimbursed through the St. Louis County Phase 1 Small Business COVID-19 Relief Grant
- ✓ Loss of revenue (determined to not be eligible by federal guidelines)
- ✓ Legal expenses
- ✓ Food, travel, conferences
- ✓ Normal business operating expenses
- ✓ Non COVID-19 related expenses
- ✓ Total expenses exceeding \$50,000 (including Phase 1)

Description of Eligible Expenses	
1	Salaries and wages for employees performing maintenance and repair work on the building.
2	Materials and supplies used in the maintenance and repair work.
3	Contractor fees for professional services related to the maintenance and repair work.
4	Travel expenses for employees performing maintenance and repair work.
5	Tools and equipment used in the maintenance and repair work.
6	Insurance premiums for the building and its contents.
7	Utilities (electricity, gas, water, etc.) for the building.
8	Repairs to the building's exterior, including painting and siding.
9	Repairs to the building's interior, including flooring, walls, and ceilings.
10	Repairs to the building's plumbing and electrical systems.
11	Repairs to the building's heating and cooling systems.
12	Repairs to the building's roof and gutters.
13	Repairs to the building's foundation and structural elements.
14	Repairs to the building's windows and doors.
15	Repairs to the building's landscaping and grounds.
16	Repairs to the building's fire alarm and sprinkler systems.
17	Repairs to the building's security systems.
18	Repairs to the building's communication systems.
19	Repairs to the building's data and network systems.
20	Repairs to the building's elevators and escalators.
21	Repairs to the building's parking lot and driveway.
22	Repairs to the building's accessibility features.
23	Repairs to the building's energy efficiency measures.
24	Repairs to the building's environmental controls.
25	Repairs to the building's pest control.
26	Repairs to the building's fire extinguishers.
27	Repairs to the building's first aid kits.
28	Repairs to the building's emergency exit signs.
29	Repairs to the building's fire escape routes.
30	Repairs to the building's fire alarm control panel.
31	Repairs to the building's fire alarm pull stations.
32	Repairs to the building's fire alarm sounders.
33	Repairs to the building's fire alarm control unit.
34	Repairs to the building's fire alarm control panel.
35	Repairs to the building's fire alarm pull stations.
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100	Repairs to the building's fire alarm sounders.

Please indicate the date and briefly describe your eligible expenses. You must separate direct COVID-19 related expenses (i.e. PPE, plexiglass, cleaning supplies, etc.) from rent, utilities, mortgage, and business interruption expenses. Please be thorough and provide specific details for each listed expense.

Eligible expenses must have been incurred between March 1, 2020 and the date of your application. Upon request by St. Louis County, you will be asked to provide proper documentation, including copies of receipts. Grant funds must be paid back if eligibility requirements are not met or if proper documentation is not provided upon request. To expedite your application, you are encouraged to submit copies of your eligible expenses with this application. *You are also encouraged to upload a Form W-9 to provide your Taxpayer Identification Number (TIN).*

Date Incurred	Brief Description of Eligible Expense	Amount
3/15/20	Personal protection equipment for the employees	\$750.33
Total Eligible Expenses		\$

APPLICATION REQUIREMENTS

Please verify the following grant requirements:

Check the appropriate box

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the business physically operate in St. Louis County? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was this business open prior to March 1, 2020, and on the date of grant application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was the business current on property taxes as of July 15, 2020, if applicable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was the business compliant with all permit and license requirements as of March 1, 2020? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the business a corporate chain not locally owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the business primarily derive income from gambling or adult entertainment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the business derive income from passive investments or lobbying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has the business or owner filed for bankruptcy anytime in 2020? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is the business currently for sale? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is the business debarred from doing business with the federal government? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Was the business forced to temporarily close due to a Governor Walz Executive Order or the COVID-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Even though revenue loss is not a grant eligible expense under Federal guidelines, please explain how COVID-19 has financially impacted your business or non-profit (250 words or less)

AGREEMENT

<input type="checkbox"/> Check Box to Agree	<p>By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner 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 any allocated 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, and will result in the grant being nullified and require that all grant funds received be returned immediately to St. Louis County. 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.</p> <p>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.</p>
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Authorized Applicant Name:

Title:

Date (month/day/year):