

Pennington County Small Business CARES Grant
Guidelines (Round 1)

This program is offered pursuant to funding received by Pennington County, a political subdivision of the State of Minnesota (the “County”), through the federal Coronavirus Relief Fund for State, Territorial, Local and Tribal Governments (the “Fund”), established under Section 601(a) of the Social Security Act, as added by Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). Funding will be made available to a limited number of businesses that meet specific requirements set by the Pennington County Small Business Cares Program (the “Program”) and specific priorities intended to advance economic development in Pennington County.

The program provides grants for the recovery, stabilization and mitigation related to the COVID – 19 emergency. Funds can be used for operating expenses, including rent payments, mortgage payments, utilities, payments to suppliers, production of business contingency plans, technical assistance/reopening services, technology capital or marketing assistance/tools, security or other critical non-payroll business expenses (including expenses related to reopening) as a approved by the fund administrator.

A business applicant that meets the below criteria is eligible:

A self-employed/sole proprietor is eligible for a grant of up to \$5,000.00 for qualified expenses:

- Must be a locally owned and operated business with a physical establishment in Pennington County.
- Must be in operation for at least 6 months prior to March 1, 2020.
- Must be licensed and in good standing, if applicable.
- Must demonstrate a significant loss in revenue since March 15, 2020.
- Can be a business located in a shared commercial space.
- Home-based business must provide documentation that the business is a primary source of income for the business owner.

A business with between 1 and 20 employees is eligible for a grant of up to \$15,000.00 for qualified expenses:

- Must be a locally owned and operated business with physical establishment in Pennington County.
- Must have at least one full-time equivalent employee in addition to the owner as of March 1, 2020 and not more than 20 (FTE) employees.
- Must be in operation for at least 6 months prior to March 1, 2020.
- Must be licensed, in good standing, and current on property taxes prior to May 15, 2020, if applicable.
- Must demonstrate a significant loss in revenue since March 15, 2020.
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Business owners that apply for Pennington County Small Business CARES Grants on behalf of more than two businesses become ineligible for additional grants.

Certain businesses are ineligible, including:

- Corporate chains or multi-state chains.
- Businesses in default conditions prior to February 29, 2020.

- Businesses that primarily derive income from gambling.
- Businesses that derive income from adult entertainment.
- Businesses that primarily sell pawned merchandise.
- Businesses that derive income from real estate transactions, property rentals or property management or lobbying.

Pennington County Small Business CARES Grant

Applicant Name:

First Name: _____.

Last Name: _____.

Legal Business Name: _____.

Operating Business Name if applicable: _____.

Applicant Home Address:

Address: _____.

Address Line 2 (optional): _____.

City: _____.

County: _____.

State: _____ Zip Code: _____.

Business Address: * BUSINESS MUST BE LOCATED IN PENNINGTON COUNTY*

Address: _____.

Address Line 2 (optional): _____.

City: _____.

County: _____.

State: _____ Zip Code: _____.

Primary Applicant Contact Phone Number: _____.

Applicant Email Address: _____.

Does the applicant have at least 1 full time equivalent employee other than the owner and not more than 20 full time equivalent employees as of March 1, 2020?

Yes

No

How many employees, beside the owner, were employed as of March 1, 2020?

Full time.

Part time.

How many 1099-MISC contractors were working for the Business as of March 1, 2020?

___.

Can the applicant demonstrate a significant loss in revenue since March 15, 2020 due to the COVID – 19 Emergency? (PLEASE PROVIDE AND INCLUDE WITH THIS APPLICATION, OPERATING REVENUE COMPARISON FOR PERIODS: 1/1/2019 TO 06/30/2019 AND 1/1/2020 to 6/30/2020).

Yes.

No.

Is the Applicant in compliance with all relevant City and County Ordinances and Licensing requirements?

Yes.

No.

Is the Business in “Good Standing” with the Minnesota Secretary of State business filings?

Yes.

No.

If the Business is located in a building that the Applicant owns, are all property taxes prior to May 15, 2020 current?

Yes.

No.

Applicants are strongly encouraged to seek funding or relief from all available resources. Has the Applicant pursued or does the Applicant intend to pursue other forms of funding and/or relief from expenses during the COVID -19 emergency?

Yes. What resources: _____.

No.

Does the Business derive income from gambling, adult entertainment, registered lobbying, billboards, passive investments, real estate transactions, property rentals or property management?

Yes.

No.

Is the Business a Corporate or Multi-State Chain?

Yes.

No.

Legal Structure?

- Corporation For-Profit (S-Corp or C-Corp)
- Limited Liability Company/Partnership (LLC/LLP)
- Partnership
- Cooperative
- Sole Proprietor / Self Employed

Primary Business Industry

(Example: Real estate, Restaurant, Automotive)

Date of Business Creation

___/___/___

Total Revenue the Business earned in 2019 before expenses:

\$ _____

Describe how COVID – 19 emergency has directly and indirectly impacted both the Applicants Business revenue to date and the projected revenue. Use real numbers to quantify the impact, if possible.

_____ (Attach additional sheets if needed).

Grant Amount Requested (\$): _____.

(Grants are up to \$ 5,000.00 for self-employed and \$15,000.00 for small business with at least one full-time equivalent employee and must be supported by evidence of expenses paid by the Business from March 15, 2020 to July 31, 2020).

Name of Authorized Business Representative (CFO, Accountant):

First Name: _____ Last Name: _____.

Title of Authorized Business Representative: _____.

Submit (Please read and mark all of the items below to acknowledge each statement)

I (we) certify that I (we) have the authority to apply for this grant on behalf of the business described herein.

I (we) certify that the business has been negatively impacted by the COVID – 19 emergency as described herein.

I (we) certify that the grant fund will be used for authorized business expenses only, in accordance with the requirements and restrictions set forth in Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act, and not for household, personal, or consumer use.

I (we) certify that the information contained in this application is true, complete, and correct to the best of my (our) knowledge.

I (we) expect to resume normal business operations after the emergency guidelines are lifted.

I (we) shall cooperate with the County or appropriate officials for grant auditing purposes, as further set forth and described above (Operating Revenue Comparison).

I (we) understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the County to receive a return of any funding provided hereunder.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this Application is private or nonpublic data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of business finance programs. As described in MN Statutes 13.591, some or all of the data provided in this Application may become public.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

| <u>Owner Name</u> | <u>Owner Title</u> | <u>Owner Signature</u> | <u>Date</u> |
|-------------------|--------------------|------------------------|-------------|
|-------------------|--------------------|------------------------|-------------|

| <u>Co-Owner Name</u> | <u>Co-Owner Title</u> | <u>Co-Owner Signature</u> | <u>Date</u> |
|----------------------|-----------------------|---------------------------|-------------|
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Please return via postal mail, email or drop off all pages of this application and all required documentation to the address below:

Pennington County Emergency Management – Cares Grant

101 Main Avenue N

PO Box 616

Thief River Falls, MN 56701

Email: elbeitel@co.pennington.mn.us

