

## Business Relief During COVID 19 – Round 2

APPLICANT DATA		
Name of Business	Phone number (include area code)	
Business address	City, State, Zip	
Name of Owner(s)	Phone number (include area code)	
Home address	City, State, Zip	
Description of business	Email address	
Date established <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURES		
<p>I declare that any statement in this application and all information provided herein is true and complete to the best of my knowledge. By signing, I agree that I understand that this application will be provided to the Cook County CARES Task Force and that the entire contents of the application is considered public information and is subject to MN Government Data Practices Act, Minnesota Statutes Chapter 13.</p>		
Name of business		
By	Title	Date

**Businesses that were awarded funds in Round 1 may apply for Round 2 but those who have not yet received funding will be prioritized in Round 2.**

**You must reply to the following for your application to be complete.**

- Provide the number of Full Time Equivalent (FTEs) employed at your business, including yourself. \_\_\_\_\_

*To determine FTEs, add the total hours worked by all employees in 2019 (full and part time) and divide by 2080.*

*There are no points awarded for this response, it is only for informational purposes.*
- Provide the amount of grant request, between \$500.00 and \$2500.00.

3. Provide information about the expenses this grant will reimburse.  
Explain how these expenses are in response to the COVID-19 pandemic.

4. If these purchases have already been made, include invoices and receipts.

If these purchases are planned for future, include estimates or quotes and a proposed timeline for the purchases.

If your grant application is approved, the funds will be released after you submit invoices and receipts as proof of purchase. **Invoices and receipts must be submitted by November 1, 2020 to receive grant funds.**

5. Have you applied for State or Federal aid programs? If yes, was your request approved or denied? If no, do you need help applying?

6. Do you have business interruption insurance or other insurance that will cover these expenses? If yes, have you filed a claim?

7. This is taxable income. Include a completed IRS Form W-9, attached for your convenience.

**Application must be received at [director@prosperitynorth.com](mailto:director@prosperitynorth.com) or  
PO Box 597 Grand Marais MN 55604 or  
Drop off at Grand Marais City Hall, 8:00 – 4:30, M - F  
by 5 PM on September 25, 2020**