

Project Backstop Grant Application

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		
Type of business	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
Date established		Tax ID Number
SIGNATURES		
<p>I declare that any statement in this application, or information provided herein is true and complete to the best of my knowledge. . By signing, I understand that this application will be provided to the EDA Review Committee, a public decision-making body. In addition, the entire contents of this application may be considered public information that must be provided to the public upon request. Information disclosed will only be to the extent necessary to comply with State of Minnesota Data Practices Statutes.</p>		
Name of business		
By	Title	Date
NUMBER OF EMPLOYEES		

Provide the number of employees, including self (6 FTEs or less required):

Please address these four items on a separate sheet of paper.

1. Provide detailed information about how your business has been affected by the Covid-19 pandemic
2. How the money will be used?
3. Have you applied for State or Federal aid programs? If not, do you need help applying?
4. Do you anticipate being able to pay back any amount to the fund, even if after 12-18 months of economic recovery? Please note, this is not a requirement to receive a grant but for our planning purposes only.