

STATE OF MINNESOTA BUSINESS RELIEF GRANTS

APPLICANT DATA		
Name of Business/DBA	Phone number (include area code)	
Business mailing address	City, State, Zip	
Name of Owner(s)	Phone number (include area code)	
Business Physical Address	City, State, Zip	
Description of business	Email address	
Date established	Attach W9	NAICS Code: https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017
SIGNATURE		
<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:</p> <ol style="list-style-type: none"> 1. This application will be provided to the MN Business Relief Grant Task Force and that the entire contents of this application is considered public information and is subject to MN Government Data Practices Act, Minnesota Statutes Chapter 13. 2. I may be required to provide additional forms attesting to the use of the grant funds and I will be liable to pay back funds if found to have misrepresented any data or information, or not spent grant funds according to eligible and approved uses. 		
BY:	TITLE:	Date:

RESPOND TO EACH OF THESE QUESTIONS, IN ORDER. Add additional sheets if needed.

1. Has the business been impacted by an Executive Order related to Covid?
 Yes No

2. Is the business in good standing with the MN Secretary of State with no liens?
 Yes No

3. Has or will the business receive Covid relief directly from the MN Department of Revenue as approved by the Legislature in December 2020?
 Yes No

4. Explain the negative impact of Covid on your business. What percent of revenue was lost in 2020 as compared to 2019? If this is a new business and there are no past revenues for comparison data, please provide the best estimate of expected revenue that was not earned in 2020.

5. Have you applied for other relief funds or reimbursements?
 Yes No

Did you receive the funds you applied for?

Yes No

Check any that have been received.

EIDL

PPP

Project Backstop

Cook County CARES

Other _____

6. What percent of revenue that was lost in 2020 (as stated in question #4) was recovered by Covid relief received through local, state and federal aid?

7. Explain how you will use the grant funds to cover operations expenses, in compliance with Guidelines #6 above.

8. Amount of grant request: \$ _____

9. Attach completed form W9.

**APPLICATION MUST BE RECEIVED AT director@prosperitynorth.com or
PO BOX 597, Grand Marais, MN 55604 or drop off at Grand Marais City Hall
by Noon on January 22, 2021.**

**QUESTIONS? CONTACT EDA Executive Director Mary Somnis
director@prosperitynorth.com 218-410-0412**

