



CHISAGO COUNTY — HRA-EDA — *A Natural Resource for Business*

PHASE 1- CHISAGO COUNTY SMALL BUSINESS RELIEF GRANT

APPLICANT INFORMATION

LEGAL NAME OF THE BUSINESS, INCLUDING ASSUMED NAME, IF ANY:

CONTACT NAME/TITLE: _____ CONTACT PHONE: _____

NUMBER OF FULL TIME EQUIVALENT EMPLOYEES (FTE) INCLUDING THE OWNERS: _____

TYPE OF BUSINESS: PARTNERSHIP CORPORATION LLC SOLE PROPRIETORSHIP
OTHER _____

FEDERAL TAX ID: _____ MN STATE ID: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS LOCATION – PHYSICAL ADDRESS – IF DIFFERENT FROM ABOVE: _____

BUSINESS PHONE NUMBER: _____ EMAIL ADDRESS: _____

WEB ADDRESS: _____

AMOUNT OF FUNDING REQUESTED ROUNDED \$ _____

FOR PHASE 1 FUNDING – IF YOUR BUSINESS ISN'T ONE OF THE BUSINESSES DIRECTLY MENTIONED IN EXECUTIVE ORDER 20-04 OR 20-08 (APPENDIX A), BRIEFLY CONFIRM THAT YOUR BUSINESS COULD NOT SIGNIFICANTLY REACH YOUR CUSTOMERS THROUGH TECHNOLOGY OR BY DELIVERY.

EXAMPLE: RETAIL STORE NOT CONSIDERED CRITICAL AND UNABLE TO OPEN

BRIEF STATEMENT ON HOW COVID-19 HAS FINANCIALLY AFFECTED YOUR BUSINESS:

FOR WHAT PURPOSE WILL THESE FUNDS BE USED:



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PLEASE CHECK ALL FUNDING SOURCES APPLIED FOR:

FEDERAL PPP (PAYCHECK PROTECTION PROGRAM)
 MN SBEL (MINNESOTA SMALL BUSINESS EMERGENCY LOAN)

FEDERAL EIDL (ECONOMIC INJURY DISASTER LOANS)
 MN SBRG (SMALL BUSINESS RELIEF GRANTS)

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PRINCIPAL #1

NAME: _____

PERCENT OF OWNERSHIP: _____%

PRINCIPAL #2

NAME: _____

PERCENT OF OWNERSHIP: _____%

PLEASE PROVIDE AS ATTACHMENTS –

- INCOME/EXPENSE STATEMENTS FOR 2ND QUARTER 2019 AND 2ND QUARTER 2020
OR
- IF A NEW BUSINESS INCOME/EXPENSE STATEMENTS FOR 1ST AND 2ND QUARTER 2020
- BUSINESS FEDERAL INCOME TAX
- RECEIPTS FOR EXPENSES YOU ARE SEEKING REIMBURSEMENT
- PROJECTION OF EXPENSES FOR AUGUST 1- DECEMBER 31
- CERTIFICATE OF GOOD STANDING FROM THE MINNESOTA SECRETARY OF STATE OFFICE

<https://www.sos.state.mn.us/business-liens/business-help/how-to-order-copies-of-filings-certificates/>



CHISAGO COUNTY

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GRANT PROGRAM POLICY

AUTHORIZATION FOR RELEASE OF INFORMATION

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. The Chisago County HRA-EDA has the right to verify any information contained in this application and may contact any individuals and institutions involved with the proposed project. I also understand that I will be required to provide evidence of use of these funds.

Signature/Title of Applicant _____ Date: _____

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The HRA-EDA retains final authority to determine if a business is eligible or not and whether to approve a grant or not.

For questions call 651.674.5664 or email nancy@chisagocounty.org.