



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

CHISAGO COUNTY NONPROFIT RELIEF GRANT

APPLICANT INFORMATION

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

CONTACT NAME/TITLE: _____ CONTACT PHONE: _____

NUMBER OF FULL TIME EQUIVALENT EMPLOYEES (FTE): _____

NUMBER OF VOLUNTEERS: _____ TYPE OF NONPROFIT: 501 C(3) 501 C(6) OTHER _____

FEDERAL TAX ID: _____

ORGANIZATION MAILING ADDRESS: _____

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

ORGANIZATION PHONE NUMBER: _____ EMAIL ADDRESS: _____

WEB ADDRESS: _____

AMOUNT OF FUNDING REQUESTED ROUNDED \$ _____

WHAT IS THE PURPOSE/MISSION OF THIS NONPROFIT ORGANIZATION?

WHAT IS THE IMPACT THAT THE COVID-19 PANDEMIC AND STAY-AT-HOME ORDERS HAVE HAD ON YOUR NONPROFIT ORGANIZATION?

WHAT ADDITIONAL NEED(S), IF ANY, HAS YOUR NONPROFIT ADDRESSED FOR INDIVIDUALS AND/OR FOR THE COMMUNITY AS A RESULT OF COVID-19 AND RELATED ORDERS?

FOR WHAT PURPOSE WILL THE FUNDS BE USED?





CHISAGO COUNTY

HRA-EDA

A Natural Resource for Business

IF YOU ARE A RELIGIOUS ORGANIZATION, TELL US WHAT THE SOCIAL SERVICE COMPONENT IS:

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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- FEDERAL PPP (PAYCHECK PROTECTION PROGRAM)
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- FEDERAL EIDL (ECONOMIC INJURY DISASTER LOANS)
- MN SBRG (SMALL BUSINESS RELIEF GRANTS)

PLEASE PROVIDE AS ATTACHMENTS -

- INCOME/EXPENSE STATEMENTS FOR 2ND QUARTER 2019 AND 2ND QUARTER 2020
- OR
- IF A NEW NONPROFIT INCOME/EXPENSE STATEMENTS FOR 1ST AND 2ND QUARTER 2020

AND

- FEDERAL 990 TAX RETURN
 - DOCUMENTATION, BANK STATEMENTS OR RECEIPTS OF EXPENSES YOU ARE SEEKING REIMBURSEMENT
 - PROJECTION OF EXPENSES YOU ARE SEEKING REIMBURSEMENT FOR AUGUST 1- DECEMBER 31
 - CERTIFICATE OF GOOD STANDING FROM THE MINNESOTA SECRETARY OF STATE
- [HTTPS://WWW.SOS.STATE.MN.US/BUSINESS-LIENS/BUSINESS-HELP/HOW-TO-ORDER-COPIES-OF-FILINGS-CERTIFICATES/](https://www.sos.state.mn.us/business-liens/business-help/how-to-order-copies-of-filings-certificates/)

IF YOU HAVE ANY QUESTIONS REGARDING THE REQUESTED DOCUMENTS PLEASE CONTACT OUR OFFICE.

651.674.5664

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 agencies involved.

Signature/Title of Applicant: _____ Date: _____

Signature/Title of Applicant: _____ Date: _____

The Chisago County HRA-EDA retain final authority to determine if a nonprofit organization is eligible or not, whether to approve a grant or not, and the grant amount.