



Business Relief Grant Program Faribault County Economic Development Authority (EDA)

OVERVIEW

Faribault County has allocated \$355,000 in CARES Act Funds to be distributed by the Faribault County EDA to small businesses in the form of an economic relief grant. Businesses are eligible for up to \$5,000. These funds can be used to provide emergency assistance to businesses who were adversely impacted by the COVID-19 pandemic or mandatory shutdowns.

APPLICANT INFORMATION

Applicant Name:		Business Legal Name:	
Physical Address:		Mailing Address (if different):	
City:	State:	Zip Code:	
Phone:		Email:	
Is the business registered with the State of MN? <i>(Provide proof of registration with your application)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Legal Structure:	
Total Business Loss Since March 15, 2020 (\$): <i>(Attach itemized explanation of loss)</i>		Veteran Owned Business: <input type="checkbox"/> Women Owned Business: <input type="checkbox"/> Minority Owned Business: <input type="checkbox"/> <i>(must own at least 20%)</i>	
Grant amount requested (up to \$5,000):	Does the business have fewer than 50 employees and less than \$5 million in annual revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of part time employees:	Number of full time employees:		

Business Description:

Please describe the direct and indirect ways that COVID-19 has impacted your revenue to-date and projected revenue.

To submit your application, please save this document as the name of your business (in .pdf format) with attachments included in the same file and e-mail it to FCcares@cedausa.com.

FARIBAULT COUNTY BUSINESS RELIEF GRANT CERTIFICATION

Please read and mark the items below to acknowledge each statement. Missing checks may cause delay or grant declination:

- I (we) certify that I (we) have the authority to apply for this grant on behalf of the business that we have described herein.
- I (we) certify that the business has been negatively affected by the COVID-19 emergency as described herein.
- I (we) certify that the grant funds will be used for authorized business expenses only in accordance with the requirements and restrictions set forth in the CARES Act.
- I (we) certify that only one application for this business is being submitted.
- I (we) shall cooperate with the Faribault County EDA or appropriate officials for grant auditing purposes, as further set forth and described above.
- I (we) acknowledge that representations made in this application will be relied on by the Faribault County EDA in its decision to grant such grant.
- The Faribault County EDA is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein.
- I (we) will promptly notify the Faribault County EDA if any subsequent changes would affect the accuracy of the information in this application.
- I (we) understand that it is a crime to make a false representation as to my business's financial ability for the purpose of securing this grant. The applicant declares under penalty of perjury that all information provided herein is true in every detail and accurately represents the financial condition of the applicant and the business on the date given below.
- By signing my (our) signature(s) and date in the text boxes below, I (we) agree(s) that the Faribault County EDA may rely on it as such in connection with any and all agreements that I (we) or the business may enter into with respect to this application.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

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