Faribault County has received grant funding from the State of Minnesota to disburse in the form of small business and non-profit grants. These funds will be used to provide emergency assistance to businesses, or non-profits who were adversely impacted by the COVID-19 pandemic or mandatory shutdowns. If awarded, your grant amount will be determined by the need documented in your application, up to an amount of $5,000.

**IMPORTANT! REGARDING APPLICATION MATERIALS**

1. If you applied to Faribault County’s second CARES Act grant round, and did not receive funding, do not fill out this application. A separate form will be emailed to you on the date of the grant opening – January 25. If you did not include an email address on your application, please visit the EDA office on January 25 to fill out the form.

2. If you applied to Faribault County’s second CARES Act grant round and received funding, you are ineligible for this grant round.

3. All businesses that derive their income from passive investments, or rental income are ineligible.

4. Home based businesses and child care businesses are eligible to receive the grant.

**PROGRAM POLICIES**

1. The business or non-profit must have a physical location in Faribault County and have been in existence before March 15, 2020.

2. Businesses are eligible to receive this grant if there are less than 50 employees, and they earn less than $5 million in annual revenue.

3. Only one application per business or non-profit will be accepted.

4. All awarded grants are subject to an audit to obtain receipts for which the grant money was used.

5. All expenses must be incurred during the COVID-19 pandemic.

6. If the applicant has been awarded funds from other grant programs, the applicant must not use the funds the applicant receives from this program for the same purpose.

7. All applicants must sign a Tennessen Warning with their application.

8. All applicants must provide a W-9 with their application.

9. All applications will be verified to ensure there are no existing tax liens.

10. The Faribault County EDA reserves the right to change its program policies and application at any time.

11. The Faribault County EDA reserves the right to ask for additional information for any reason and to reject or modify any application or portions thereof that do not meet the guidelines or application process requirements. **Incomplete applications will not be considered.**

**APPLICATION REVIEW**

The grant application review process involves examination of the application including plans and specifications of the project by the Faribault County EDA, who will make the final decision on the grant awards.

- Applications will be accepted starting **January 25 at 8:00am until February 5 at 5:00pm.**
- All Applications and questions regarding the application should be e-mailed to **FCcares@cedausa.com.**
- Applications are time sensitive.
# Business and Non-Profit Relief Grant Program

**Faribault County Economic Development Authority (EDA)**

## APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Business or Non-Profit Legal Name:</th>
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<table>
<thead>
<tr>
<th>Physical Address:</th>
<th>Mailing Address (if different):</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<tr>
<th>Phone:</th>
<th>Email:</th>
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Is the business registered with the State of MN?  
Registrations must be renewed annually in some cases. Please visit [https://mblsportal.sos.state.mn.us/Business/Search](https://mblsportal.sos.state.mn.us/Business/Search) to check the status of your business. **Submit a printout of this page as proof of registration.**

- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>Business Legal Structure:</th>
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<tbody>
<tr>
<td>Sole Proprietor:</td>
</tr>
<tr>
<td>LLC:</td>
</tr>
</tbody>
</table>
| Other_____________________| (please describe)

Grant amount requested (up to $5,000):  
Does the business have less than $5 million in annual revenue?  

- [ ] Yes  
- [ ] No

Number of part time employees:  
Number of full time employees:

## Business Description:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

## How has your entity been impacted by an executive order related to the COVID-19 pandemic?

**Note:** Please write how your entity was impacted by a pandemic related executive order, including but not limited to closures (forced or voluntary), loss of revenue, increased expenses, etc. Also include any financial struggles that have been caused as a result.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

2 of 5
FINANCIAL NEED

Was your business or non-profit closed to the public during COVID-19?
Yes ☐  No ☐  If yes, approximately how long were you closed? __________

How much **grant funding** has the business or non-profit received, related to the COVID-19 pandemic? (Include all grants including SBA, State of MN, and CARES)  $__________

How much **loan funding** has the business or non-profit received, related to the COVID-19 pandemic? (Include all loans including PPP, SBA, and bank loans)  $__________

*Note: If the applicant has been awarded funds from other CARES Act programs, the applicant must not use the funds the applicant receives from the Faribault County Business Relief Grant for the same purpose.*

Are you waiting to receive any additional grant funds?
Yes ☐  No ☐  If yes, indicate the program and the amount. ___________________

*Note: If additional funds are received, please contact the Faribault County EDA immediately.*

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 or non-profit that we have described herein.

☐ I (we) certify that the business or non-profit has been negatively affected by the COVID-19 emergency as described herein.

☐ I (we) certify that the grant funds will be used for authorized operating expenses only in accordance with the requirements and restrictions set forth by law and the Faribault County EDA.

☐ I (we) certify that only one application for this business or non-profit 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 Under Minn. Stat. § 16B.98, Subd.8, the Grantee’s books, records, documents, and accounting procedures and practices of the Grantee or other party relevant to this grant agreement or transaction are subject to examination by the State and/or State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of the grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

☐ I (we) understand that it is a crime to make a false representation as to my business’ or non-profit’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: __________________

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.
DATA PRIVACY STATEMENT
The information provided in the application materials or to be obtained separately as a part of the application process will be used by the lender to determine whether you qualify for the Business and Non-Profit Relief Grants from the Faribault County Economic Development Authority (EDA). The information provided in the application and information authorized above for assistance will become a matter of public record with the exception of those items protected under Minnesota Statutes Chapter 13 Government Data Practices.

The private data whom this information may be shared include:
1. The EDA Loan Review Committee and EDA Board
2. Staff who are involved in program administration
3. Auditors who perform required audits of the program
4. Authorized personnel from other City, State, Federal or Regional Agencies providing funding assistance to you
5. Those other persons who you authorize to see the information
6. Law enforcement personnel in the case of suspected fraud

Unless otherwise authorized by MN Statutes or Federal Law, other government agencies using the private data must also handle the data as private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. Those rights include:
1. The right to see and obtain copies of the data maintained on you
2. Be told the contents and meaning of the data
3. Challenge the accuracy and completeness of the data

TO EXERCISE THESE RIGHTS
Contact: Faribault County Economic Development Specialist at 507-526-6275 or 415 S. Grove St. Suite 4 Blue Earth, MN 56013

SIGNATURE
I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Print applicant’s name
__________________________________________
Sign applicant’s name
__________________________________________
Date

This institution is an equal opportunity lender, provider, and employer.
# W-9 Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<table>
<thead>
<tr>
<th>1</th>
<th>Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Business name/desregarded entity name, if different from above</td>
</tr>
<tr>
<td>3</td>
<td>Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</td>
</tr>
<tr>
<td></td>
<td>Individual/sole proprietor or single-member LLC</td>
</tr>
<tr>
<td></td>
<td>C Corporation</td>
</tr>
<tr>
<td></td>
<td>S Corporation</td>
</tr>
<tr>
<td></td>
<td>Partnership</td>
</tr>
<tr>
<td></td>
<td>Trust/estate</td>
</tr>
<tr>
<td></td>
<td>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)</td>
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<tr>
<td></td>
<td>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</td>
</tr>
<tr>
<td>4</td>
<td>Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).</td>
</tr>
<tr>
<td></td>
<td>Exempt payee code (if any)</td>
</tr>
<tr>
<td></td>
<td>Exemption from FATCA reporting code (if any)</td>
</tr>
<tr>
<td>5</td>
<td>Address (number, street, and apt, or suite no.) See instructions.</td>
</tr>
<tr>
<td>6</td>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>7</td>
<td>List account number(s) here (optional)</td>
</tr>
</tbody>
</table>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

<p>| | |</p>
<table>
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<tbody>
<tr>
<td><strong>Social security number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Employer identification number</strong></td>
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</tr>
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</table>

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

### General Instructions

**Section references are to the Internal Revenue Code unless otherwise noted.**

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.