

## Freeborn County Supplemental COVID-19 Relief for Business and Non-profit

## APPLICATION FORM – V2

**APPLICATIONS DUE BY JANUARY 22, 2021 AT 12PM.**

**Program Information:** This grant has been developed to provide emergency assistance to local small businesses adversely impacted by the COVID-19 pandemic.

**Eligibility Notes:** All applicants must operate within Freeborn County. Only businesses with a COVID-19 impact equivalent to a 20% or more reduction in annualized sales are eligible. (Reduction shall be calculated off either the prior year 2019 annualized monthly sales, or current month to same month prior year sales.) If your business has been negatively impacted by COVID-19, but has not seen a 20% or more revenue reduction, exceptions may be made on a case by case basis. Document the impact you have seen, and why it did not cause a reduction in revenue.

**Version 2 – if you previously applied to the original grant in July 2020 please complete page 1-2 of this application. If you have not previously applied, please complete pages 3-6. If you are not sure, please call 373-3930.**

**Applicant Information (Sole Prop \_\_ LLC \_\_ Sub S Corp \_\_ C Corp \_\_ Partnership \_\_)**

Business Legal Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business Operating Name/DBA (if different): \_\_\_\_\_

Business Contact Name / Title: \_\_\_\_\_

Business Code (NAICS code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

1. Are you located Freeborn County Y \_\_\_\_\_ N \_\_\_\_\_

2. Have you been impacted by an Executive Order related to COVID? Y \_\_\_\_\_ N \_\_\_\_\_

Briefly describe the impact from COVID-19/Executive Orders, in other words “tell your story”:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any current tax liens on record with the secretary of state as of the time of application Y\_\_\_\_\_ N\_\_\_\_\_

4. Have you received any prior assistance and/or Minnesota Department of Revenue direct aid assistance?

Y\_\_\_\_\_N\_\_\_\_\_ If Yes, please describe type, amount and date of assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Impact/Loss of Revenue: Please attach your 2019 and 2020 third quarter Profit and Loss statement.

Applicant hereby attests to using the funds to cover operations expenses due to impacts of COVID-19 and any Executive Order and confirms that they have been compliant with all executive orders applicable to their business. Also, the recipient understands that they may be required to provide additional forms attesting to and will be liable to pay back funds if they are found to have misrepresented their data or not spent money according to eligible uses. In the event federal funding becomes available to fund this program, the funding source may change and the county and/or grantees must comply with all terms of the federal funding source and any applicable Single Audit Act requirements, including the need for federal single audits.

The undersigned hereby certifies that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Applicant signature\_\_\_\_\_

Applicant printed name\_\_\_\_\_ Date:\_\_\_\_\_

**Please submit completed application and attachments to [contact@growalbertlea.com](mailto:contact@growalbertlea.com) or in person at Albert Lea Economic Development Agency (ALEDA) in the drop box outside the door at 132 N Broadway, Albert Lea by January 22<sup>nd</sup>. For any questions please call ALEDA at 507-373-3930.**

Freeborn County Supplemental COVID-19 Relief for Business and Non-profit  
FULL APPLICATION FORM

**Program Information:** This grant has been developed to provide emergency assistance to local small businesses adversely impacted by the COVID-19 pandemic.

**Eligibility Notes:** All applicants must operate within Freeborn County. Only businesses with a COVID-19 impact equivalent to a 20% or more reduction in annualized sales are eligible. (Reduction shall be calculated off either the prior year 2019 annualized monthly sales, or current month to same month prior year sales.)

If your business has been negatively impacted by COVID-19, but has not seen a 20% or more revenue reduction, exceptions may be made on a case by case basis. Document the impact you have seen, and why it did not cause a reduction in revenue.

**Applicant Information (Sole Prop \_\_ LLC \_\_ Sub S Corp \_\_ C Corp \_\_ Partnership \_\_)**

Business Legal Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business Operating Name (if different): \_\_\_\_\_

Business Contact Name / Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

1. Business Ownership – Provide name and ownership percentage of each owner who holds at least 20% ownership:

LEGAL NAME	ADDRESS	SSN	OWNERSHIP %

2. Business Code/NAICS Code: \_\_\_\_\_

Business Description (include product/industry): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Month/Year Operations Began: \_\_\_\_\_

**COVID-19 Impact**

4. Are you located Freeborn County Y\_\_\_\_\_ N\_\_\_\_\_
5. Have you been impacted by an Executive Order related to COVID? Y\_\_\_\_\_ N\_\_\_\_\_

Briefly describe the impact from COVID-19/Executive Orders, in other words “tell your story”:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you have any current tax liens on record with the secretary of state as of the time of application Y\_\_\_\_\_ N\_\_\_\_\_
7. Have you received any prior assistance and/or Minnesota Department of Revenue direct aid assistance? Y\_\_\_\_\_N\_\_\_\_\_

If Yes, please describe type, amount and date of assistance:

---



---



---

Total annual sales in 2019: \$\_\_\_\_\_

Funding levels are based on the number of full time equivalent (FTE) employees as of March 1, 2020. Full time for the purposes of this application will be any employee that works at least 32 hours per week. For those working less than 32, divide the number of hours the employee worked by 32 to calculate FTE (i.e. 24 hours per week/32 = .75 FTE)

Total FTE Employees:

\_\_\_\_\_

**Required Financial Information** - The following must be submitted with application;

DO NOT SUBMIT UNTIL ALL ITEMS HAVE BEEN ATTACHED	
<input type="checkbox"/>	2019 financial statements or tax returns, if available. If not available, company prepared profit-and-loss statement (income and expense statement) and balance sheet for 2019 (or since the business start if operating less than 12 months).
<input type="checkbox"/>	Quarter 3 2020 (July, August, September) profit and loss statement to verify decrease was at least 20% compared to average monthly revenue for 2019.
<input type="checkbox"/>	Entity documents including Articles of Organization, bylaws or other means to verify the authorized signers on the grant application.
<input type="checkbox"/>	March 1, 2020 Payroll Information verifying amount of employees and hours worked to verify number of FTE employees for grant amount determination.

Additional documentation may be requested to assure eligibility.

**BUSINESS CERTIFICATION:**

Applicant hereby attests to using the funds to cover operations expenses due to impacts of COVID-19 and any Executive Order and confirms that they have been compliant with all executive orders applicable to their business. Also, the recipient understands that they may be required to provide additional forms attesting to and will be liable to pay back funds if they are found to have misrepresented their data or not spent money according to eligible uses. In the event federal funding becomes available to fund this program, the funding source may change and the county and/or grantees must comply with all terms of the federal funding source and any applicable Single Audit Act requirements, including the need for federal single audits.

I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

---

Name/Title of Authorized Business Representative

Date: \_\_\_\_\_

Signature of Authorized Business Representative

**Please submit completed application and attachments to [contact@growalbertlea.com](mailto:contact@growalbertlea.com) or in person at Albert Lea Economic Development Agency (ALEDA) in the drop box outside the door at 132 N Broadway, Albert Lea by January 22<sup>nd</sup>. For any questions please call ALEDA at 507-373-3930.**