

Goodhue County Business and Nonprofit Relief Grant Program

Goodhue County has received \$894,337 from the State of Minnesota to fund business and nonprofit relief grants. These grants are to provide relief payments to businesses and nonprofits within the county that have been impacted by an executive order related to the COVID-19 pandemic.

TO APPLY:

1. Applications are due by noon on January 25th, 2021. Applications should be emailed to goodhuecountycares@cedausa.com.
2. The county has retained the Community and Economic Development Associates (CEDA) to administer this program. CEDA is a nonprofit specializing in rural economic development. CEDA staff can assist you with any questions you might have with the application. Please call 507-867-3164 or email goodhuecountycares@cedausa.com with any questions.
3. Maximum grant award is \$10,000. The County reserves the right to reject any application that in its sole opinion does not meet the criteria set or any federal or state regulation.

Eligibility Requirements

1. Grant awards will be determined by the need documented in your application, up to \$10,000. Based on your entity's financial need, please indicate your grant request on the application.
2. Grant funds can be used for any business activity or need.
3. Businesses and nonprofits are eligible to apply if:
 - a. They are located in Goodhue County.
 - b. They have no current tax liens on record with the Secretary of State as of the time of their grant application.
 - c. They were impacted by an executive order related to the COVID-19 pandemic.
 - d. They are not receiving a direct pandemic relief payment from the State of Minnesota.
 - e. They have experienced a reduction of at least 25% net revenue from April 1, 2020 through December 31, 2020.
 - f. They are not excluded as an ineligible business type.
4. Ineligible businesses:
 - a. Farming activity including animal and crop production.
 - b. Businesses that don't meet the eligibility criteria above.
 - c. Businesses deriving the majority of their income from passive investments, rental income, gambling, adult oriented activity, or illegal activity.
5. Businesses that received Goodhue County or local city CARES grants, SBEL loans, EIDL or PPP loans are eligible.
6. Day care and home based businesses are eligible.
7. No additional information will be collected at this time, other than the application. Incomplete applications will not be accepted or awarded. All applicants certify that their applications are true, accurate, and agree to provide additional backup documentation to Goodhue County and the State of Minnesota upon request now or in the future. Failure to comply will result in a forfeiture of the grant and penalties to the full extent of the law.

GOODHUE COUNTY BUSINESS AND NONPROFIT RELIEF GRANT
Application

Please note that this application must be filled out in its entirety to be considered. If any fields are not applicable, please explain in the field why the question is not applicable.

Entity Legal Name: _____ Doing Business As: _____

Entity Physical Address: _____

City, State, and Zip Code: _____

Entity Mailing Address: _____

City, State, and Zip Code: _____

Entity Owner(s): _____

Contact Person for this Application (if different from above):

Phone Number: _____

E-mail Address: _____

Type of Entity (Please check one): Corporation (for-profit) Sole Proprietor
 Limited Liability Company (LLC) Cooperative
 Partnership Other: _____

Federal Tax ID: _____

Note: If you are a sole proprietor, you may need to use your Social Security Number.

State Tax ID: _____

Entity Industry: _____

Number of Part-time Employees: _____

Number of Full-time Employees: _____

Date Entity was Established: _____

Is your entity considered (Check one): Essential Non-essential

Was your entity closed during COVID-19?: Yes No

If your entity was closed, for how many days were you closed?: _____

Is your entity located in Goodhue County?:

Yes No

As of the date of this application, does your entity have any tax liens on record with the Minnesota Secretary of State?:

Yes No

Were you impacted by an executive order related to the COVID-19 pandemic?:

Yes No

Did you (or will you) qualify to receive a direct pandemic relief payment from the State of Minnesota?

Yes No

Did you experience a 25% or greater reduction in net revenue between April 1, 2020 and December 31, 2020?

Yes No

Which of the following forms of funding or relief from expenses during the COVID-19 has the applicant received? (The county encourages applicants to apply for as many funding sources as possible.):

Pandemic Unemployment Assistance (PUA)

SBA Paycheck Protection Program (PPP)

Economic Injury Disaster Loan (EIDL)

State of MN Small Business Emergency Loan (SBEL)

Grant from County or City

Other: _____

If you have applied for any other funding, are you awaiting a response?: Yes No

If so, which funding source(s) are they?: _____

Have you received unemployment compensation?: Yes No

Amount of other assistance received to date: \$ _____

Grant amount requested from Goodhue County: \$ _____

Note: the county reserves the right to audit you at any time to verify the statements made in this application. At that time, you will need to provide proof supportig claims made in this application including how the grant funds were used. You must retain your records for at least 6 years after recieving grant funds.

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 entity that we have described herein.
- I (we) certify that the entity has been negatively affected by the COVID-19 emergency as described herein.
- I (we) certify that the grant funds will be used for authorized expenses only in accordance with the requirements and restrictions set forth by law and Goodhue County.
- I (we) certify that only one application for this entity is being submitted.
- I (we) shall cooperate with Goodhue County 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 Goodhue County in its decision to grant such grant.
- Goodhue County is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein.
- I (we) will promptly notify Goodhue County 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'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 typing my (our) signature(s) and date in the text box below, I (we) agree(s) that the applicant is electronically signing this application. I (we) understand and agree that my (our) electronic signature(s) is (are) the legal equivalent of a manual signature(s) and that Goodhue County 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: _____

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____

Applications are due by noon on Monday January 25th, 2021. Late or incomplete applications will not be accepted. Applications must be emailed to goodhuecountycares@cedausa.com. Please contact CEDA at 507-867-3164 with any questions.