

Jackson County Business Relief Grant Program

Jackson County has received \$250,000 from the State of Minnesota to fund a relief grant program. These grants are to provide relief payments to eligible businesses required to temporarily close or reduce services in November under Executive Order 20-99 and within the county.

TO APPLY:

1. Applications are due by noon on January 15th, 2021. Applications should be emailed to jacksoncountycares@cedausa.com.
2. The county has retained 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 jacksoncountycares@cedausa.com with any questions.
3. Applications and the maximum grant amount will be based on the submissions received and the need stated in the application. 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. If awarded, your grant amount will be determined by the need documented in your application, up to an amount to be determined based on overall need, program interest, and submissions received. 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 were required to temporarily close or reduce services in November 2020 under Executive Order 20-99. These are businesses in the following industry categories:
 - i. Full and limited service restaurants
 - ii. Cafeterias and buffets
 - iii. Caterers
 - iv. Bars
 - v. Breweries with taprooms
 - vi. Family wineries with tasting rooms
 - vii. Distilleries with tasting rooms
 - viii. Bowling centers
 - ix. Gyms and fitness centers
 - b. They are located in Jackson County.
 - c. They have no current tax liens on record with the Secretary of State as of the time of their grant application.
 - d. They were impacted by an executive order related to the COVID-19 pandemic.
 - e. They are not excluded as an ineligible business type.
4. Ineligible businesses:
 - a. Any entity not listed in Executive Order 20-99 or otherwise ineligible above.
5. 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 Jackson 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.

JACKSON COUNTY BUSINESS 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):

<input type="checkbox"/> Corporation (for-profit)	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Partnership	<input type="checkbox"/> 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: _____

Was your entity required to temporarily close or reduce services per Executive Order 20-99?

Yes No

Is your entity located in Jackson 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

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.):

- | | |
|---|---|
| <input type="checkbox"/> Pandemic Unemployment Assistance (PUA) | <input type="checkbox"/> State of MN Small Business Emergency Loan (SBEL) |
| <input type="checkbox"/> SBA Paycheck Protection Program (PPP) | <input type="checkbox"/> Grant from County or City |
| <input type="checkbox"/> Economic Injury Disaster Loan (EIDL) | <input type="checkbox"/> 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: \$ _____

Net Revenue lost in 2020: \$ _____

Grant amount requested from Jackson 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 Jackson County.
- I (we) certify that only one application for this entity is being submitted.
- I (we) shall cooperate with Jackson 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 Jackson County in its decision to grant such grant.
- Jackson County is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein.
- I (we) will promptly notify Jackson 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 Jackson 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 January 15, 2021. Late or incomplete applications will not be accepted. Applications must be emailed to jacksoncountycare@cedausa.com. Please contact CEDA at 507-867-3164 with any questions.