

**Grant Information**

In recent state action, Mower County was awarded \$791,868.66 in COVID-19 related relief funds to allocate to local private businesses impacted by the State of Minnesota Executive Order 20-99, which went into effect November 20, 2020.

Mower County has established this business support grant program to distribute the funds and contracted with the Development Corporation of Austin to administer this program.

The program priority is relief for restaurants, bars, gyms, and other similar businesses who have been partially or fully closed – as a result of EO 20-99, Section 7.

Also, businesses indirectly impacted by EO 20-99 are eligible. This is defined as a business that primarily provides sales of goods and services to businesses that were directly closed as a result of EO 20-99, are also eligible to apply for this program, including lodging businesses.

Grant amounts will range from \$5,000 to \$25,000 based on gross profit, percentage of loss and available funding.

Priority will be given to businesses with a 30% or more decrease in gross revenue (sales) when comparing Quarter 4 (October through December) of 2019 to Quarter 4 2020. Businesses with less than a 30% decrease will be considered if funding allows.

Eligible expenses include but are not limited to: operating expenses such as payroll obligations, rent payments, mortgage payments, utility bills, insurance, payments to suppliers, and other similar expenses that occur in the regular course of business. Property tax is an eligible expense.

These grants are income subject to federal and state taxes. Funds may also be subject to a Federal single audit. A completed IRS Form W-9 is required of all applicants.

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## **Eligibility**

Businesses must meet all of the following criteria to be **eligible**:

- Are located in Mower County.
- Business must have no current tax liens on record with the secretary of state as of the time of application for a grant under this section; and
- Business must demonstrate they were financially impacted by Executive Order 20-99 which means:
  - *were closed by any order or;*
  - *have evidence of being impacted by sales or revenue decline.*

Certain businesses are **ineligible**, including:

- Businesses not directly or indirectly impacted by Executive Order 20-99.
  - Businesses with a tax lien on record with the secretary of state.
  - Corporate chains, multi-state chains that are not owned by someone who resides in Mower County or an adjacent county.
  - Businesses that derive income from passive investments; business-to-business transactions; real estate transactions; property rentals or property management; billboards; or lobbying.
  - Businesses that primarily derive income from gambling.
  - Businesses that derive any income from adult entertainment.
  - Law firms, insurance agencies, sole proprietor working out of someone else's business, and agriculture.
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## Application Process and Timeline

Applications will be accepted beginning Monday, January 18, 2021 at 8 am through Monday, February 15, 2021 at 5 pm. Late applications will be reviewed only if grant funds remain available after all on time applications are processed.

Applications are preferred to be completed via the online link at [www.austindca.org](http://www.austindca.org). To request to have an application mailed or emailed to you, email us at [cares@austindca.org](mailto:cares@austindca.org). or call 507-433-9495.

If necessary, completed applications and required documents may be submitted via email at [cares@austindca.org](mailto:cares@austindca.org) or hand delivered to the Development Corporation of Austin, 329 Main St S # 106L, Austin, MN 55912.

## Confirmation

A confirmation email from **Mower County Grant** ([cares@austindca.org](mailto:cares@austindca.org)) will be sent to the email address you provide within 24 hours of submittal. If you do not see a confirmation within 24 hours of submittal, first check your spam or junk mail folders. If you still don't see a confirmation within 24 hours of submittal, email [cares@austindca.org](mailto:cares@austindca.org) or call 507-433-9495 to confirm that your application was received.

## Small Business Grant Guidelines and Application

### CONTACT

\* 1. Contact information for the person completing application. Upon completion of the application, confirmation will be sent to the email listed below within 24 hours of submittal from [cares@austindca.org](mailto:cares@austindca.org). **Please take care in entering correct email address. This is the primary form of communication we will use to contact you.**

Name

Company

Job/Title of Role

Email Address

Confirm Email Address

Phone Number

## **ELIGIBILITY**

Please answer the following questions to determine if your business qualifies for the Mower County COVID-19 Relief Fund.

\* 2. Did the business employ fewer than 50 FTE employees as of February 29th, 2020?

- ☐ Yes
- ☐ No (this answer means the business is not eligible)

\* 3. Does the business have a physical location in Mower County?

- ☐ Yes
- ☐ No (this answer means the business is not eligible)

\* 4. Are owner(s) of the business permanent residents of Mower County or immediately adjacent counties? Answers to this question will not disqualify the applicant.

- ☐ Yes
- ☐ No (this answer will not make the applicant ineligible)

Certain businesses are **ineligible**, including:

- Businesses not directly or indirectly impacted by an executive order related to COVID-19.
- Businesses with a tax lien on record with the secretary of state.
- Corporate chains, multi-state chains.
- Businesses that derive income from passive investments; business-to-business transactions; real estate transactions; property rentals or property management; billboards; or lobbying.
- Businesses that primarily derive income from gambling.
- Businesses that derive any income from adult entertainment.

\* 5. Is this business one of the **ineligible** businesses listed above?

- ☐ Yes (this answer will disqualify business from applying)
- ☐ No

## **BUSINESS INFORMATION**

\* 6. Please provide business information

**Business Legal Name as it appears on taxes**

**Business Operating Name, if different from legal name**

**Street Address**

**City/Town**

**ZIP/Postal Code**

**Mailing Street, City, State, Zip (if different)**

\* 7. Please list a principal business owner who owns at least 20% of the business as a primary contact.

**First name**

**Last name**

**Title**

**Business Owner's address**

**County of permanent residence**

**State**

**ZIP/Postal Code**

**Email**

**Percentage of ownership**

8. Please list additional principal business owner who owns at least 20% of the business, if any.

First name

Last name

Title

Business Owner's address

County of permanent residence

State

ZIP/Postal Code

Email

Percentage of ownership

\* 9. Business Legal Structure (select one)

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Liability Corporation (LLC)
- ☐ Corporation
- ☐ Nonprofit

\* 10. Please select the approximate date below for when your business was started.

Date / Time

Date

 

\* 11. What is the NAICS Code for your business? **Use this link to determine your NAICS Code** if you are uncertain.

\* 12. What is your business Employer Identification Number (EIN)? EIN is also known as a federal tax identification number, and is used to identify a business entity.

## **PRIOR PANDEMIC FINANCIAL SUPPORT**

\* 13. Have you been notified by the State of Minnesota Department of Revenue that your business will receive (or has already received) a direct allocation of funding from the Minnesota Department of Employment and Economic Development (DEED)? Select one.

- ☐ Department of Revenue – Direct Relief Payments to Restaurants, Bars, Gyms, and Other Similar Businesses; Appropriation
- ☐ Department of Employment and Economic Development – Relief Grants to Convention Centers and Movie Theaters; Appropriation. If yes, please enter the amount in the box below.
- ☐ If you received the grant for convention centers and movie theaters, how much did you receive?
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- ☐ None of the above

\* 14. If you received a MN Department of Revenue Direct Relief Payment to restaurant, etc. How much did you receive?

- ☐ \$10,000
- ☐ \$15,000
- ☐ \$25,000
- ☐ \$35,000
- ☐ \$45,000
- ☐ Not applicable

15. Please check all of the following funding sources for which you have **applied**.

- ☐ Minnesota Small Business Emergency Loan
- ☐ Minnesota Small Business Relief Grant (Lottery)
- ☐ SBA Paycheck Protection Program (PPP)
- ☐ SBA Economic Injury Disaster Loan (EIDL)
- ☐ Mower County Covid-19 Relief Fund grant
- ☐ None of the above

16. Please check all of the following funding sources which you have **received**.

- ☐ Minnesota Small Business Emergency Loan
- ☐ Minnesota Small Business Relief Grant (Lottery)
- ☐ SBA Paycheck Protection Program (PPP)
- ☐ SBA Economic Injury Disaster Loan (EIDL)
- ☐ Mower County Covid-19 Relief Fund grant
- ☐ None of the above

### **IMPACT OF EXECUTIVE ORDER 20-99**

The following questions are about the direct or indirect impact EO 20-99 had on your business.

Direct: Restaurants, bars, gyms, and other similar businesses who have been partially or fully closed – as a result of EO 20-99, Section 7.

Indirect: a business that primarily derives income from sales of goods and services to businesses that were directly closed as a result of EO 20-99, are also eligible to apply for this program. This includes lodging businesses.

\* 17. How many employees did you have 4th Quarter 2019 and 4th Quarter 2020?

Total full and part-time  
employees - 2019

Total full and part-time  
employees - 2020

If there was change in  
number of employees,  
briefly explain.

18. If your business was **directly** referenced in Executive Order EO 20-99, were you:

- ☐ Required to close
- ☐ Restricted from operating at full capacity
- ☐ Business was not directly referenced in EO 20-99



19. Your business was **directly** impacted by Executive Order 20-99. Which type of business?

- ☐ Bar/Restaurant
- ☐ Gyms/Fitness Facility/Youth Sports
- ☐ Recreation facility/Entertainment venue/Bowling

20. How was your business indirectly impacted by Executive Order 20-99?

- ☐ Was unable to provide a good or service to the community
- ☐ Was unable to provide a good or service to another business
- ☐ Experienced a drastic decrease in customer, client or guest volume

21. Your business was **indirectly** impacted by Executive Order 20-99. Which type of businesses do you serve that indirectly impacted your business?

- ☐ Bar/Restaurant
- ☐ Gyms/Fitness Facility/Youth Sports
- ☐ Recreation facility/Entertainment venue/Bowling
- ☐ More than one of the above options
- ☐ None of the above options

22. What **goods or services** do you provide for the businesses that were closed or partially closed due to Executive Order 20-99.

\*This will be used to determine eligibility of indirectly impacted businesses – please provide a detailed response showing a connection to the businesses closed or partially closed under the executive order.

23. Describe how your business was indirectly adversely impacted by Executive Order 20-99.

## **COVID-19 PANDEMIC BUSINESS IMPACT DOCUMENTATION**

\* 24. Enter your 4th quarter (October through December) gross sales or gross revenue for 2019 and 2020. Do not deduct cost of goods sold or any other expense.

2019

2020

\* 25. The application **requires** documentation of the economic impact of the pandemic on your gross business revenue or sales. Any application submitted without one of these three options will be incomplete and not eligible for a grant.

You have two options and **must** use one of them:

### **Option 1**

Upload a pdf of accounting software or a spreadsheet that includes gross revenue or gross sales for 4th Quarter (October through December) 2019 and 4th Quarter 2020. Do not deduct cost of goods sold or any other expenses. You can show it by quarter or broken out by each month in the quarter.

Upload the document below where it says Choose File.

### **Option 2**

If you do not have accounting software or an Excel spreadsheet, you must complete this worksheet.

Step 1: Click on and complete this Excel **SPREADSHEET**.

Step 2: Save the worksheet as a pdf file type.

Step 3: Upload the pdf below.

Choose File

Choose File

No file chosen

26. If you need to upload additional documents, upload it here:

Choose File

Choose File

No file chosen

## ADDITIONAL REQUIRED INFORMATION

In order to process your application, please provide the following information and documents required to complete your application.

\* 27. Legal Name of Business (as it appears on Income Taxes or on file with MN Office of Secretary of State):

\* 28. To verify the identity of the person completing the application, please upload ONE of the following:

-copy of MN or IA income tax return

-copy of driver's license or state ID

Choose File

Choose File

No file chosen

\* 29. Recipients of the grant must complete and upload an IRS Form W-9. Please find the form below, fill it out, and upload it. It does not need to be signed.

[W-9 click here](#)

Choose File

Choose File

No file chosen

30. DCA's Small Business Development Center (SBDC) supports small business owners and aspiring entrepreneurs with free business consulting on topics such as business planning, accessing capital, marketing, regulatory compliance, technology development, international trade and much more.

Would you like to have a confidential, no cost follow up from the DCA's SBDC consultant?

☐ Yes

☐ No

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### **DATA PRIVACY ACKNOWLEDGMENT**

Data being requested in the application will be used to determine if you are eligible for this grant. You are not required to provide the requested information, but failure to do so may result in the inability to determine your eligibility. The data you provide that is classified as private or non-public and will not be shared without your permission except as specified in state and federal laws. This includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds.

\* 31. I understand and agree with the above data privacy acknowledgement.

☐ Yes, I agree.

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## **CERTIFICATION STATEMENT**

I certify that the information provided in this application is true and accurate in all material respects. I also certify that, to the best of my knowledge, my business is not subject to a Tax Lien or tax collection action. Additionally, I certify that I have not received other funding for the same expenses that I am seeking reimbursement for under this grant. I understand that I am responsible for paying back funds to the county if it is found that I have misrepresented the information on this application. I authorize DCA to utilize the information provided to determine my business' eligibility for the program and to share the information I have provided in this application with Mower County. I understand that any further information submitted in this application may become public record. I further understand that if selected, I will be required to provide additional documentation to determine my eligibility, which shall be viewed and retained exclusively by DCA personnel, and will not be released to the County, CDA, or made public. I understand that while this program was established with funding from the State of Minnesota, in the event federal funding becomes available, the funding source of any potential grant to my business may change. In that event, I agree to comply with all terms of the federal funding source, and any applicable Single Audit Act requirements.

\* 32. I understand and agree with the above certification statement.

☐ Yes, I agree.

## **Deadline and Confirmation Information - Please read before submitting application**

A confirmation email from [cares@austindca.org](mailto:cares@austindca.org) will be sent to the email address you provided within 24 hours. If you do not see a confirmation within 24 hours, first check your spam or junk mail folders. If you still don't see a confirmation within 24 hours, email [cares@austindca.org](mailto:cares@austindca.org) or call 507-433-9495 to confirm we received your application.

\* 33. I have read the confirmation information above.

☐ Yes

☐ No

Click **SUBMIT APPLICATION** below to submit your application.