

**THIS IS A COPY OF THE ONLINE GRANT APPLICATION to review the information requested prior to formally submitting an application.**

**PAPER COPIES cannot be submitted, only online applications.**

# Small Business Relief Grant Program

The logo for Dakota County, featuring the word "Dakota" in a red script font above the word "COUNTY" in a smaller, black, sans-serif font.

## To Apply

Visit: <https://www.dakotacda.org/community-development/small-business-relief-grants/>

Application links are available in English and Spanish.

Applications will be accepted until 4:30 p.m. on Friday, August 14, 2020. **Only one application needs to be submitted per business.** Submitting multiple applications does not increase your chances of receiving assistance. Incomplete applications will not be accepted.

If the number of applications exceeds the available funding, a randomized selection process will take place.

All applicants will be contacted via email no later August 26, 2020.

## Questions?

Visit: [www.dakotacda.org](http://www.dakotacda.org) (Frequently Asked Questions and Program Information)

Call: 651-675-4481

Email: [smallbusiness@dakotacda.state.mn.us](mailto:smallbusiness@dakotacda.state.mn.us)

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## ELIGIBILITY CHECKLIST

***Please answer the following questions to determine if your business qualifies for the Dakota County Small Business Relief Grant Program.***

**Did the business employ at least one Full-Time Equivalent (FTE) but not more than 50 FTE employees as of March 1, 2020?**

Yes

No

**\*NOTE: The owner can be considered the one FTE employee (self-employed).**

**If the business is located in a residence, is it a licensed childcare provider?**

Yes

No

Does Not Apply

**\*NOTE: The only home-based businesses eligible for this program are licensed childcare providers.**

**Is the business majority-owned by a permanent resident of Minnesota?**

Yes

No

**\*NOTE: Permanent resident is defined as any individual who maintains a dwelling more than one-half of the tax year in Minnesota.**

**Is the business in good standing with the State of Minnesota, Dakota County and the city in which the business is located, and registered with the state if required to do so by law as of March 1, 2020? Visit**

**<https://mblsportal.sos.state.mn.us/Business/Search> to obtain certificate status.**

Yes

No

**\*NOTE: "In good standing" means that your business is current and active with any required business registrations with the Office of the Secretary of State as of March 1, 2020, and**

**That no Minnesota tax liens have been filed against your business with the Minnesota Secretary of State.**

## BUSINESS PROFILE

Name of Business: \_\_\_\_\_

Name of Business Owner(s): \_\_\_\_\_

Business Address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Business Owner's Address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Type (select one):

- Limited Liability Company (LLC)
- S-Corporation
- Corporation
- Sole Proprietorship
- Partnership

Business Description: *(services provided or products sold)*

Number of employees as of March 1, 2020 (full-time equivalent – please include owners if they are employed by the business): \_\_\_\_\_

Current number of employees (full-time equivalent – please include owners if they are employed by the business): \_\_\_\_\_

Is the business located in a building that you own or that you lease?

- Own the building where the business is located
- Lease the space where the business is located

Have you applied for or received financial assistance from any of the following COVID-19/CARES Act loan or grant program categories:

- Federal programs (PPP, EIDL, SBA Loans, etc.)
- Any COVID-19-related MN DEED grant or loan program

Amount received: \_\_\_\_\_

- Other local (city) grant programs

Amount received: \_\_\_\_\_

**\*NOTE: IF you received a HEART grant from the City of Hastings, your business IS eligible for this grant program.**

- Have not received any other loans or grants related to COVID-19

## CERTIFICATION AND PUBLIC INFORMATION DISCLOSURE

I certify that the information provided in this application is true and accurate in all material respects. I authorize the Program Administrator, NextStage, and the Dakota County Community Development Agency to utilize the information provided to determine my business' eligibility for the program, and to share the information with Dakota County and other governmental entities as may be necessary. I understand that any information submitted in this application may become public record. I further understand that if selected, I will be required to provide additional documentation to demonstrate my eligibility, which shall be retained and viewed exclusively by NextStage personnel, and will not be released or made public.

I understand and agree with the above statement.

Applicant's Initials: \_\_\_\_\_

Grant recipients will be required to report how the funds were spent by January 31, 2021. If you receive the Dakota County Small Business Relief Grant, do you commit to providing the requested documentation to NextStage?

I agree that I will provide the required documentation demonstrating how the grant funds were spent.

Applicant's Initials: \_\_\_\_\_

**APPLICANT SIGNATURE**

By signing below, the applicant represents, warrants and certifies that the information provided herein is true, correct, and complete. I also understand that this application, combined with award of a Small Business Relief Grant, constitute a binding contract and shall be deemed a valid original instrument if delivered electronically (e.g., facsimile, PDF, ink or digital stamp, etc.).

\_\_\_\_\_  
Authorized Signer/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business Name

SAMPLE