



CARES Pandemic Relief (CPR) Grant Application for Small Businesses

Approved 7/24/2020

APPLICANT INFORMATION

Legal Name of the Business, including assumed name, if any: _____

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Length of Time in Business	Years Months	Fed Tax ID #	MN Tax ID #
Mailing Address		City	Zip
Location Address		City	Township
Business Phone	()	Cell Phone	()
E-Mail Address		Web Address	
Contact Name		Title	
Amount of Funding Requested	\$ _____	FTE number of employees including owner(s):	
How has the COVID-19 pandemic financially affected your business?			
For what purpose will these funds be used (eligible expenses include PPE, rent/mortgage, utilities, insurance and other regular expenses that are difficult to pay because of COVID-19 related loss of revenue)?			

Please check all funding sources applied for: ___ Federal PPP ___ Federal EIDL ___ MN SBEL ___ MN SBRG
 Please check all funding sources received: ___ Federal PPP ___ Federal EIDL ___ MN SBEL ___ MN SBRG

Principal #1

Name	DOB	SS#
Address	City	ZIP
Percentage of Ownership _____%		

Principal #2

Name	DOB	SS#
Address	City	ZIP
Percentage of Ownership _____%		

Funding Information

- Eligible applicants may request up to \$15,000 in CPR Grant assistance based upon need. Actual grant award will be based on number of employees impacted, gross revenue loss and available funding (see attached scoring criteria). The grant funds do not need to be paid back.

- Completed applications must be received by the EDC by 5:00 p.m. on October 29, 2020 to be considered.
- Applications will be considered and acted on by the EDC’s Finance Committee/County Board.
- The status of the data supplied for CARES Act funding will be governed by MN Statute 13.591.

Eligible Applicants

- For-profit businesses that can demonstrate business losses. Businesses need to show a gross revenue reduction of at least 25% between March 1, 2020 and May 30, 2020 compared to the previous year.
- Small businesses with up to 50 employees (Full Time Equivalents, FTEs). Employees for this grant program may be either W-2 employees or independent contractors.
- All eligible applicants must have a physical, commercial location, whether owned or leased, that is located in Kandiyohi County.
- All eligible applicants must be registered with the Minnesota Secretary of State and have been operating since March 1, 2019.
- Businesses are eligible to apply for CPR funding from only one local unit of government.

Ineligible Applicants

- Lending institutions, law firms, accounting firms, utility companies, chain convenience stores, residential rental properties, production agriculture, insurance agencies, financial advisors, passive investments and religious organizations.

Application Requirements

- The CPR Grant application must be completed in its entirety by the applicant and submitted to the EDC Office located at 222 20th Street SE, P.O. Box 1783, Willmar, MN 56201; or submitted electronically to edc@kandiyohi.com by October 29, 2020, in order to be considered.
- A copy of the most recent federal tax return filed by the business.
- A copy of the business’s current filing with the Minnesota Secretary of State Office.
- Income/expense statements for the second quarter of 2019 and the second quarter of 2020 (see attached form). If the financials fail to show loss/impact of loss, please explain with additional documentation.
- Other items as may be requested by the review committee.
- Grant recipients agree to provide documentation of how funds were spent within 60 days following grant disbursement (see attached form). Eligible expenses may date back to March 1, 2020.

AUTHORIZATION FOR RELEASE OF INFORMATION & ACKNOWLEDGEMENTS

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. I understand that the Kandiyohi County and City of Willmar Economic Development Commission (EDC) has the right to verify any information contained in this application and may contact any individuals and agencies involved and that the EDC reserves the right to make modifications to the program in response to community need and available funds.

Signature/Title of Applicant: _____ Date: _____

Signature/Title of Applicant: _____ Date: _____

The EDC, along with the Kandiyohi County Board of Commissioners, retain final authority to determine if a business is eligible or not, whether to approve a grant or not, and the grant amount.

For questions, call 320-235-7370 or toll free 866-665-4556 or email edc@kandiyohi.com



CARES Act Payments to the County, Cities and Townships in Kandiyohi County

Distribution of funds for small businesses and nonprofits in Kandiyohi County

Governmental entities within Kandiyohi County have received CARES Act funding from the federal government through allocations made by Governor Walz. In Kandiyohi County, 9 cities and 22 townships, in addition to the County, have received funds to disburse. A portion of the funds may be utilized to support small businesses and nonprofits that have experienced challenges due to COVID-19 and the Governor’s orders to reduce or close businesses.

Several local government entities have formed a coordinated program utilizing the Kandiyohi County and City of Willmar Economic Development Commission (EDC) as the application and disbursement entity for all businesses and nonprofits. The EDC has created application forms and a process for reviewing and disbursing the funds.

Cumulative criteria has been established for grant award amounts as follows:

Small Businesses

A. First measure of award amount: Number of employees

1 - 4 employees	\$2,000
5 - 19 employees	\$5,000
20 - 50 employees	\$7,500

B. Second measure of award amount: Loss of gross revenue

25% - 34%	\$5,000
35% - 49%	\$6,000
50% - 100%	\$7,500



INCOME AND EXPENSE REPORT FOR CPR GRANT APPLICATION

Name of Business:

Income and Expense Report

Second Quarter 2019

Second Quarter 2020

	April 2019	May 2019	June 2019		April 2020	May 2020	June 2020
Income							
Product Sales							
Sale of Services							
Other:							
Other:							
Total Income	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Expenses							
Advertising							
Employee Wages							
Employee Benefits							
Equipment							
Insurance							
Payroll Expenses							
Professional Fees							
Rent/Mortgage							
Supplies							
Taxes							
Telephone/Internet							
Travel							
Utilities							
Other:							
Other:							
Total Expenses	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Net Profit/Loss	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -



ITEMIZED EXPENSE REPORT FOR CPR GRANT

TO BE COMPLETED WITHIN 60 DAYS OF RECEIVING GRANT FUNDS

Name of Reporting Business:	
City/Township of Business Location:	
Date Report Submitted:	
Use of Grant Funds	
Grant Amount Received	
Funds Expended (itemize below and provide receipts for purchases over \$250)	
Total Expenses	\$0.00
Total Grant Funds Remaining	\$0.00