



CARES Pandemic Relief (CPR) Grant Application for Nonprofit Organizations

Approved 7/24/2020

APPLICANT INFORMATION

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

<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)(6)	<input type="checkbox"/> Other:	
Length of Time in Operation	Years Months	Fed EIN #	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: FTE # of employees in Kandiyohi County: # of volunteers: Annual average # of people served: # of Kandiyohi Co. residents served annually:	
1. What is the purpose/mission of this nonprofit organization?			
2. What is the impact that the COVID-19 pandemic and stay-at-home orders have had on your nonprofit organization (i.e., loss of revenue, inability to serve clients, increase in demand for services, etc.)?			
3. What additional need(s), if any, has this nonprofit addressed for individuals and/or for the community as a result of COVID-19 and related orders?			
4. How will the funds be used and what would be the long-term impact of these funds (eligible expenses include, but are not limited to, PPE, technology changes incurred for remote employees, lost revenue or fundraising events, programmatic costs for additional services, retraining staff)?			

Funding Information

- Eligible applicants may request up to \$50,000 in CPR Grant assistance based upon need. Actual grant award will be based on number of employees, number of people served, urgency of needs addressed, COVID-19 organizational response and available funding (see attached scoring criteria).
- Completed applications must be received by the EDC by 5:00 p.m. on October 23, 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

- Nonprofit organizations that can demonstrate a loss of income or increase in demand for services due to COVID-19 or can make an impact for individuals or the community in response to COVID-19.
- Nonprofits with up to 100 employees (Full Time Equivalents, FTEs).
- All eligible applicants must have a physical location in Kandiyohi County and serve the residents of Kandiyohi County. Nonprofits may have a larger service area, but the resources awarded in this program are intended for services in Kandiyohi County.
- All eligible applicants must be registered with the Minnesota Secretary of State and have been operating since March 1, 2019.
- Nonprofits are eligible to apply for CPR funding from only one local unit of government.

Ineligible Applicants

- Religious organizations for religious purposes are not eligible.
- Lobbying groups and political organizations.
- Organizations that restrict activity based on ethnicity, gender, orientation or ability.

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 23, 2020, in order to be considered.
- A copy of the IRS nonprofit determination letter.
- The most recent federal 990 tax return filed by the business (first six pages are sufficient).
- Income/expense statements for the first six months of 2019 and the first six months of 2020 (see attached template). If the financials fail to show loss/impact of loss, please explain with additional documentation.
- Grant recipients agree to provide documentation of how funds were spent within 60 days following grant disbursement (see attached form).
- A copy of the nonprofit's current filing with the Minnesota Secretary of State Office.
- Other items as requested by the review committee.

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: _____

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The EDC, along with the Kandiyohi County Board of Commissioners, retain final authority to determine if a nonprofit organization 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 have been established for grant award amounts as follows:

Nonprofit Organizations

A. First measure of award amount: Number of employees

0 employees	\$ 0 (other criteria may still qualify)
1 - 4 employees	\$2,000
5 - 19 employees	\$5,000
20 – 100 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

C. Third measure of award amount: Number of residents directly served

1 - 25	\$ 750
26 - 100	\$2,500
101 - 300	\$5,000
301 – 500+	\$7,500

D. Fourth measure of award amount: Organizational Mission

Arts & Recreation/Other	\$5,000
Health Care	\$7,500
Social Assistance*	\$12,500

E. Fifth measure of award amount: Organizational COVID-19 Response (essential services and community-based efforts)

Minimal Response	\$1,500
Moderate Response	\$7,500
Major Response	\$15,000

*Social Assistance nonprofit organizations include: Individual and family services; community food services; housing services; emergency and relief services; vocational rehabilitation services.

INCOME AND EXPENSE REPORT FOR NONPROFIT ORGANIZATIONS FOR CPR GRANT APPLICATION

Name of Nonprofit Organization:

Income and Expense Report

	2019							2020					
	January	February	March	April	May	June		January	February	March	April	May	June
Income													
Bequests													
Corporate contributions													
Fees for goods and services													
Foundation grants													
Individual donations and gifts													
Government grants and contracts													
Interest													
Loans/program-related investments													
Membership dues/fees													
Tax revenue													
Other:													
Total Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Expenses													
Advertising													
Employee Wages													
Employee Benefits													
Equipment													
Insurance													
Payroll Expenses													
Professional Fees													
Rent/Mortgage													
Supplies													
Taxes													
Telephone/Internet													
Travel													
Utilities													
Other:													
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Profit/Loss	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



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