

Big Stone County Business Assistance Program Grant Guidelines and Application

PROGRAM INFORMATION

Funding Information

- Eligible applicants may request **up to** \$20,000 in grant assistance **based upon need**. Actual grant award may be less than requested and will be based on number of employees, gross revenue or profit loss, impact to the business and availability of funds.
- Applications will be considered and acted on by the Big Stone Area Growth Board and/or the Big Stone County Board of Commissioners.
- The status of the data supplied for grant funding will be governed by MN Statute 13.591.

Eligible Applicants

- Eligible recipients include businesses and nonprofits, nonprofit arts organizations, nonprofit museums, and nonprofit fitness centers that earn revenue similar to businesses, including but not limited to ticket sales and membership fees and were impacted by an executive order related to the COVID-19 pandemic are eligible for grants.
- For-profit businesses and nonprofits operating as a business that can demonstrate business losses due to COVID-19 between March 1, 2020 and December 31, 2020.
- There are no limits on the size of the business or nonprofit, but priority will be given to small businesses.
- All eligible applicants must have a physical, commercial location, whether owned or leased, that is located in Big Stone County. Home based businesses are eligible.
- Applicants must have no current tax liens on record with the Secretary of State as of the time of application.
- Businesses opening after March 1, 2020 are eligible. These businesses should fill out the revenue and expense information at the time of opening.
- Businesses must verify the NAICS Code for the industry of their primary operations
- Businesses must disclose if they have received other state, federal or local grants for COVID related expenses.

Ineligible Applicants

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

Application Requirements

- The Big Stone County Business Grant application must be completed in its entirety by the applicant through one of these methods:
 - On-line through the MNbump.com portal
 - Submitted to BSAG electronically at vince@dsi-services.com;
 - Deliver to Big Stone Area Growth, 44 Second St NW, Ortonville, MN 56278 (mail: P.O. Box 223)
- Applications must be received by BSAG on or before **February 8, 2021**, in order to be considered. Applications will be reviewed and grants awarded by March 15, 2021.
- Businesses need to provide income/expense statements for the period identified in the application if available. If income/expense statements are not available, the business can identify their income and expense numbers on the application. Businesses not providing a report may be asked to provide 2019 and/or 2020 tax statements or similar information to verify accuracy of data.
- Other items as requested by BSAG.

GUIDELINES AND APPLICATION ARE SUBJECT TO CHANGE. BUSINESSES AND NONPROFITS MAY BE ASKED FOR ADDITIONAL INFORMATION AS PART OF THE REVIEW AND REPORTING PROCESS TO THE STATE

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 State ID
Business Code (NAICS)		Email Address	
Mailing Address		City	Zip
Location Address		City	Township
Business Phone	()	Cell Phone	()
Contact Name		Title	
Amount of Funding Requested	\$ _____	Number of FTE employees including owner(s):	
How have the Executive Orders and the COVID-19 pandemic financially affected your business and/or how has COVID-19 directly increased costs for your business?			
For what purpose will these funds be used? Please list any invoices/payables you are unable to pay due to the pandemic.			

Other COVID-19 Funding Received:

Program	Funding Received (Yes/No)	Amount of Funding	Does the income/ expense report include this funding (Yes/No)
Federal Paycheck Protection Program			
Federal Economic Injury Disaster (Grant Only)			
Minnesota Small Business Emergency Loan			
Minnesota Small Business Relief Grant			
Big Stone County CARES Act Grant			
Minnesota Relief Grant (Dec 2020 or Jan 2021)			
Other:			

Financial Impact. Attach Profit/Loss Statements if available:

Income	2019 \$ _____	2020 \$ _____
Expenses	2019 \$ _____	2020 \$ _____
Net Income	2019 \$ _____	2020 \$ _____

Principal #1

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

Principal #2

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

GRANT PROGRAM POLICY
AUTHORIZATION FOR RELEASE OF INFORMATION AND CERTIFICATIONS

Applicant acknowledges that they are making application for a grant, and that Big Stone Area Growth may rely on the Applicant's warranties and self-certification of eligibility in the approval process of a grant. Applicant certifies that only one application per business location was submitted. Big Stone Area Growth reserves the right to verify whether duplicate applications were submitted, and to eliminate duplicate applications from consideration, in Big Stone Area Growth's sole discretion. The applicant acknowledges that representations made in this application will be relied on by Big Stone Area Growth in its decision to award such grant and such information is true and complete to the best of my knowledge. The applicant will promptly notify Big Stone Area Growth of any subsequent changes which would affect the accuracy of this information and the information provided on all accompanying documents. The applicant understands that it is a crime to make a false representation as to their or their company's financial ability for the purpose of securing a grant. The Applicant declares under penalty of perjury that all information provided herein and on accompanying documents is true in every detail and accurately represents the financial condition of the applicant and the Business on the date given below, and that the Applicant has authorization for the business to sign this form. The Applicant acknowledges that submittal of false or inaccurate information will result in the repayment of grant funds. The Applicant also acknowledges they will comply with any requests from the Big Stone Area Growth to supply any necessary data or information that may be needed as part of the grant.

CERTIFICATIONS

Please check all the boxes to certify your compliance with these statements:

- The applicant is a business or nonprofit with a physical location in Big Stone County
- The applicant has been impacted by an Executive Order related to COVID
- The applicant has no current tax liens on record with the Secretary of State
- The applicant will use funds to cover eligible operations expenses identifies by DEED including property taxes, insurance costs, legal fees, payroll, rent, utilities, and repairs to the existing building and equipment.

I hereby make application to the Big Stone County Business Assistance Program. I acknowledge that this involves public dollars and I certify that I am eligible, my application is true and accurate and that I understand Minnesota Data Practices laws apply to this application and any grant agreement I may sign under it.

Signature/Title of Applicant: _____ Date: _____

Signature/Title of Applicant: _____ Date: _____

The Big Stone County Board of Commissioners retains final authority to determine if a business is eligible or not, and whether to approve a grant or not. For questions, call Vince Robinson at (507) 530-1756 or Email him at vince@dsi-services.com