



## MARTIN COUNTY SMALL BUSINESS CARES ACT GRANT APPLICATION

Business Name			
Type of Business	Profit: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
	Non - Profit: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> Other		
Length of Time in Operation	Years:	Months:	
General Classification of Business			
Federal Tax ID:		Minnesota State ID:	
Business Address			
City		State	Zip
Mailing Address			
City		State	Zip
Business Phone		Cell Phone	
Email Address			
Contact Name		Title	

<b>Principal #1</b>	Name	Percent Ownership:
Address		
City	State	Zip

<b>Principal #2</b>	Name	Percent Ownership:
Address		
City	State	Zip

Please add any additional owners on a separate sheet.

Number of Full-Time Equivalent Employees?	
Is your business registered and in good standing with the Secretary of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required to Register
Is your business current on all property taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your business suffer a significant loss of revenues/income due to business interruption or closures related to COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business derive income from adult entertainment or gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your business late in payments to creditors by 60 days or more as of February 29, 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your business in the legal, insurance, or financial sector or does it derive income from passive investments; business-to business transactions; real estate transactions; property rentals or property management	Yes   No

Have you received funds from any federal, state or local program under the CARES Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Under which program have you received funds?	
<input type="checkbox"/> PPP <input type="checkbox"/> EIDL <input type="checkbox"/> SBEL <input type="checkbox"/> SBRG <input type="checkbox"/> PUA <input type="checkbox"/> Other _____	
Amount of funds received.	\$ _____
What specific items did you spend the CARES Act funds already received on? Attach an additional sheet if necessary.	
For what purpose will the County grant funds be used? Please list details below or attach a spreadsheet with item and approximate cost. Please note - payroll costs are not allowed for this grant.	

The Martin County Small Business CARES Act Grant Program is designed to reimburse businesses for eligible expenses incurred between March 1, 2020 and August 31, 2020. Eligible expenses include:

- Rent/mortgage - Home-based businesses may only be reimbursed for a percentage of their rent/mortgage equal to the percentage claimed as a home office on their income tax.
- Utilities- Home-based businesses may only be reimbursed for a percentage of their utilities equal to the percentage claimed as a home office on their income tax.
- PPE
- Operating Expenses related to re-opening
- Other critical non-payroll expenses

Amount of eligible expenses requested for the County CARES Grant.  
 (Include all eligible expenses not otherwise covered under another CARES act program. If funds exist to cover more than \$10,000 in eligible expenses larger grants may be awarded at the discretion of the County.)

\$

### Application Requirements

- All applications shall be submitted by close of business on November 4, 2020 to the contacts listed below.
- The following documentation should be included with your grant application. Missing or incomplete materials may be reason to deny your grant application.
  - Evidence of negative business impact related to the COVID 19 emergency. Applicants should submit documentation that best demonstrates the impact. Some examples of acceptable documentation include Sales Tax Reporting, Period Statements from 3rd-party Sales Platforms, Merchant Services Statements, and Point of Sale or Register reports.
  - Tax return for 2019 (Schedule C, or similar, for business or individual returns for sole proprietors)
  - Business filing with Secretary of State
  - Documentation to support the amount of CARES Act funds received from other sources and expenses those funds were utilized for
  - Payroll documentation to support the number of full-time equivalent employees
  - Receipts/invoices for eligible expenses seeking reimbursement for under the grant
  - Comparative 2019 & 2020 Profit & Loss Statement for the period of 3/1 - 8/31

### Grant Program Policy

1. I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. Martin County has the right to verify any information contained in this application and may contact any individuals involved with the application.
2. If Applicant has received funds from any other CARES funded program to include, but not be limited to, Paycheck Protection Program (PPP), Small Business Administration Economic Injury Disaster Loan (EIDL), Pandemic Unemployment Assistance (PUA), Minnesota Small Business Relief Grant, or the Fairmont Economic Development Authority Revolving Loan Fund, Applicant will use the grant funds only for eligible expenses **not** already covered by other funds.
3. The Applicant shall indemnify, defend and hold harmless Martin County, its employees, elected officials, consultants, and agents from any and all claims arising from or in connection with the Small Business CARES Act Grant Program or its Application, including but not limited to, any legal or actual violations of any State or Federal laws.
4. The Applicant recognizes and agrees that Martin County retains absolute authority and discretion to decide whether to accept or reject any particular grant application, and that all

expenditures, obligations, costs, fees, or liabilities incurred by the Applicant in connection with the grant application are incurred by the Applicant at its sole risk and expense.

5. The Applicant acknowledges that it has read the Emergency Small Business CARES Act Grant Program guidelines and understands that if the application is approved for funding, grant funds awarded must only be used to pay eligible expenses.
6. In the event that a subsequent audit of the Applicant's use of awarded grant funds determines that Applicant's use did not satisfy State or Federal guidelines or the guidelines set forth in the Application, Applicant shall be responsible for reimbursing Martin County to the extent of the non-compliance, and shall indemnify, defend, and hold harmless Martin County its employees, elected officials, consultants, and agents to the extent of said noncompliance.

**Applicant**  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Applicant**  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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

**For questions contact:**

Martin County	Fairmont Chamber of Commerce
Bryan Stadings	323 E Blue Earth Ave
507-344-7897	PO Box 826
<a href="mailto:bryan@rcef.net">bryan@rcef.net</a>	Fairmont, MN 56031
	507-235-5547
	<a href="mailto:finance@fairmontchamber.org">finance@fairmontchamber.org</a>

Completed applications, with all required documentation, can be submitted to the Fairmont Chamber of Commerce.

Fairmont Chamber of Commerce  
323 E Blue Earth Ave  
PO Box 826  
Fairmont, MN 56031  
[finance@fairmontchamber.org](mailto:finance@fairmontchamber.org)