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## FILLMORE COUNTY – Business & Nonprofit Relief Grant

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### Fillmore County Business and Nonprofit Relief Grant Program

Fillmore County has received funding from the State of Minnesota to fund business and nonprofit relief grants. These grants are to provide relief payments to businesses and nonprofits within the county that have been impacted by a state executive order related to the COVID-19 pandemic. The Fillmore County Board of Commissioners will be seeking applications for these dollars for requests up to but not exceeding \$10,000.

#### TO APPLY:

- Applications will be accepted starting **January 6<sup>th</sup>, 2021** with an application deadline of **February 1<sup>st</sup>, 2021**.
- Applications should be e-mailed to [bhillery@co.fillmore.mn.us](mailto:bhillery@co.fillmore.mn.us) or dropped off at the Fillmore County Administrator's Office. Questions should be directed to Fillmore County EDA Director, Chris Hahn by e-mailing [chris.hahn@cedausa.com](mailto:chris.hahn@cedausa.com) or Bobbie Hillery by emailing [bhillery@co.fillmore.mn.us](mailto:bhillery@co.fillmore.mn.us) or by calling 507-765-4566.
- Applications and the maximum grant amount distributed will be based on the submissions received. The County reserves the right to reject any application that in its sole opinion does not meet the criteria set or any federal or state regulation.
- Applications are due by noon on **February 1<sup>st</sup>, 2021**. **Late or incomplete applications may not be accepted.**

#### Eligibility Requirements

1. If awarded, your grant amount will be determined by the need documented in your application, up to an amount to be determined based on overall need, program interest, and submissions received. Based on your entity's financial need, please indicate your grant request on the application.
2. Grant funds can be used for any business activity or need.
3. Businesses and nonprofits are eligible to apply if:
  - a. They are located in Fillmore County.
  - b. They have no current tax liens on record with the Secretary of State as of the time of their grant application.
  - c. They were impacted by a state executive order related to the COVID-19 pandemic.
  - d. They are not excluded as an ineligible business type.
4. Ineligible businesses:
  - a. Farming activity including animal and crop production.
  - b. Businesses deriving the majority of their income from passive investments, rental income, gambling, adult oriented activity, or illegal activity.
5. Daycare and home-based businesses are eligible.
6. No additional information will be collected at this time, other than the application. Incomplete applications may not be accepted or awarded. All applicants certify that their applications are true, accurate, and agree to provide additional backup documentation to the Fillmore County upon request now or in the future. Failure to comply will result in a forfeiture of the grant and penalties to the full extent of the law.



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### FILLMORE COUNTY BUSINESS AND NONPROFIT RELIEF GRANT *Application*

Please note that this application must be filled out in its entirety to be considered. If any fields are not applicable, please explain in the field why the question is not applicable.

**Entity Legal Name:** \_\_\_\_\_ **Doing Business As:** \_\_\_\_\_

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**Entity Physical Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

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**Entity Mailing Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

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**Entity Owner(s):** \_\_\_\_\_

**Contact Person for this Application (if different from above):**

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

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**Type of Entity (Please check one):**

<input type="checkbox"/> Corporation (for-profit)	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____

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**Federal Tax ID:** \_\_\_\_\_

*Note: If you are a sole proprietor, you may need to use your Social Security Number.*

**State Tax ID:** \_\_\_\_\_

**Entity Industry:** \_\_\_\_\_

**Number of Part-time Employees:** \_\_\_\_\_ **Number of Full-time Employees:** \_\_\_\_\_

**Date Entity was Established:** \_\_\_\_\_

**Is your entity considered (Check one):**     Essential                       Non-essential

**Was your entity closed by state executive order during COVID-19?:**     Yes                       No



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If your entity was closed, for how many days were you closed?: \_\_\_\_\_

Is your entity located in Fillmore County?:

Yes       No

As of the date of this application, does your entity have any tax liens on record with the Minnesota Secretary of State?:

Yes       No

Were you impacted by an executive order related to the COVID-19 pandemic?:

Yes       No

Which of the following forms of funding or relief from expenses during the COVID-19 has the applicant received? (The county encourages applicants to apply for as many funding sources as possible.):

- |   |   |
|---|---|
| <input type="checkbox"/> Pandemic Unemployment Assistance (PUA) | <input type="checkbox"/> State of MN Small Business Emergency Loan (SBEL) |
| <input type="checkbox"/> SBA Paycheck Protection Program (PPP)  | <input type="checkbox"/> Grant from County or City                        |
| <input type="checkbox"/> Economic Injury Disaster Loan (EIDL)   | <input type="checkbox"/> Department of Revenue: Phase 1 Funding           |
| <input type="checkbox"/> Other.....                             |   |

If you have applied for any other funding, are you awaiting a response?:  Yes       No

If so, which funding source(s) are they?: \_\_\_\_\_

Have you received unemployment compensation?:  Yes       No

Amount of other assistance recived to date: \$\_\_\_\_\_

**Grant amount requested from Fillmore County: \$\_\_\_\_\_**

*Note: the county reserves the right to audit you at any time to verify the statements made in this application. At that time, you will need to provide proof supportig claims made in this application including how the grant funds were used. You must retain your records for at least 6 years after recieving grant funds.*





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**Please read and mark the items below to acknowledge each statement. Missing checks may cause delay or grant declination:**

- I (we) certify that I (we) have the authority to apply for this grant on behalf of the entity that we have described herein.
- I (we) certify that the entity has been negatively affected by the COVID-19 emergency as described herein.
- I (we) certify that the grant funds will be used for authorized expenses only in accordance with the requirements and restrictions set forth by law and Fillmore County.
- I (we) certify that only one application for this entity is being submitted.
- I (we) shall cooperate with Fillmore County or appropriate officials for grant auditing purposes, as further set forth and described above.
- I (we) acknowledge that representations made in this application will be relied on by Fillmore County in its decision to grant such grant.
- Fillmore County is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein.
- I (we) will promptly notify Fillmore County if any subsequent changes would affect the accuracy of the information in this application.
- I (we) understand Under Minn. Stat. § 16B.98, Subd.8, the Grantee’s books, records, documents, and accounting procedures and practices of the Grantee or other party relevant to this grant agreement or transaction are subject to examination by the State and/or State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of the grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.
- I (we) understand that it is a crime to make a false representation as to my business’s financial ability for the purpose of securing this grant. The applicant declares under penalty of perjury that all information provided herein is true in every detail and accurately represents the financial condition of the applicant and the business on the date given below.
- By typing my (our) signature(s) and date in the text box below, I (we) agree(s) that the applicant is electronically signing this application. I (we) understand and agree that my (our) electronic signature(s) is (are) the legal equivalent of a manual signature(s) and that Fillmore County may rely on it as such in connection with any and all agreements that I (we) or the business may enter into with respect to this application.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

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