City of
TWIN VALLEY

# Small Business C.A.R.E.S Grant Application

**OFFICE OF THE CLERK**
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P.O. Box 307
Twin Valley, MN 56584-0307
Office 218.584.5254
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**www.TwinValley.govoffice.com**

| **APPLICANT INFORMATION** |
|---|
| NAME (LAST, FIRST) |
| ADDRESS |
| CITY, STATE, ZIP |

| | | |
|---|---|---|
| LEGAL BUSINESS NAME | | |
| OPERATING BUSINESS NAME (if different) | | |
| BUSINESS ADDRESS | | |
| CITY, STATE, ZIP | **TWIN VALLEY, MINNESOTA, 56584** | ****Cannot be located outside City limits*** |
| PRIMARY CONTACT PHONE NUMBER | | |
| E-MAIL ADDRESS | | |

Does the applicant have at least one full time equivalent employee including the owner, and not more than 50 full time equivalent employees as of March 1, 2020?

_____ YES _____ NO

How many employees, besides the owner, were employed as of March 1, 2020?

Full time # _____ Part time # _____

How many employees, beside the owner, are employed at the time of this application?

Full time # _____ Part time # _____

Can the applicant demonstrate a significant loss in revenue since March 15, 2020 due to the COVID – 19 Emergency? (PLEASE PROVIDE AND INCLUDE WITH THIS APPLICATION, OPERATING REVENUE COMPARISON FOR PERIODS: 1/1/2019 TO 06/30/2019 AND 1/1/2020 to 6/30/2020).

_____ YES _____ NO

Is the Applicant in compliance with all relevant City and County Ordinances and Licensing requirements?

_____ YES _____ NO

Is the Business in "Good Standing" with the Minnesota Secretary of State business fillings?

_____ YES _____ NO

If the Business is located in a building that the Applicant owns, are all property taxes prior to May 15, 2020 current?

_____ YES _____ NO

Applicants are strongly encouraged to seek funding or relief from all available resources. Has the Applicant pursued or does the Applicant intend to pursue other forms of funding and/or relief from expenses during the COVID -19 emergency including but not limited to PPE, SBA, any other grants, or personal unemployment benefits if you are self-employed?

_____ YES _____ NO

*If yes, what resources

Does the Business derive income from gambling, adult entertainment, registered lobbying, billboards? passive investments, real estate transactions, property rentals or property management?

_____ YES _____ NO

Is the Business a Corporate or Multi-State Chain?

_____ YES _____ NO

Legal Structure? (Documentation for your legal structure may be required at closing.)

Corporation For-Profit ____ Limited Liability Company/Partnership ____ Partnership ____

Cooperative ____ Sole Proprietor/Self Employed ____ Non-Profit ____

| Primary Business Industry |
|---|
| Date of Business Creation _____/_____/_____ |
| Describe how COVID – 19 emergency has directly and indirectly impacted both the Applicants Business revenue to date and the projected revenue. Use real numbers to quantify the impact, if possible. Please include a separate line item for direct expenses to adapt your business for COVID-19 guidelines. |
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| Grant Amount Requested ($) *(Grants are available up to $1,000.00)* |
| Name of Authorized Business Representative (CFO, Accountant) |
| Title of Authorized Business Representative |

| **SUBMIT** (Please read and mark all of the items below to acknowledge each statement) | |
|---|---|
| | I (we) certify that I (we) have the authority to apply for this grant on behalf of the business described herein. |
| | I (we) certify that the business has been negatively impacted by the COVID – 19 emergency as described herein. |
| | I (we) certify that the grant fund will be used for authorized business expenses only, in accordance with the requirements and restrictions set forth in Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act, and not for household, personal, or consumer use. |
| | I (we) certify that the information contained in this application is true, complete, and correct to the best of my (our) knowledge. |
| | I (we) expect to resume normal business operations after the emergency guidelines are lifted. |
| | I (we) shall cooperate with the County or appropriate officials for grant auditing purposes, as further set forth and described above (Operating Revenue Comparison). |
| | I (we) understand that any willful misrepresentation on this application could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001, and shall entitle the County to receive a return of any funding provided hereunder. |

*Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this Application is private or nonpublic data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of business finance programs. As described in MN Statutes 13.591, some or all of the data provided in this Application may become public.*

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

| |
|---|
| Name |
| Title |
| Signature |
| Date |

Please return via postal mail all pages of this application and all required documentation to Twin Valley City Hall. Must be received no later than 12:00 PM, Monday, October 12, 2020.