

## BUSINESS RELIEF GRANT PROGRAM

1. Name of business: \_\_\_\_\_
2. Business street address: \_\_\_\_\_
3. Business mailing address: \_\_\_\_\_
4. Name of business owner: \_\_\_\_\_
5. Title of business owner: \_\_\_\_\_
6. Business owner cell: \_\_\_\_\_
7. Business owner e-mail: \_\_\_\_\_
8. Names & addresses of all other individuals owning 20% or more of company:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Nature of business: \_\_\_\_\_
10. Form of business organization:  
 Contract Purchaser       Tenant Operator       Partnership  
 Sole Proprietorship       Limited Partnership       Corporation  
 Other: \_\_\_\_\_
11. Number of full time equivalent employees, excluding owner: \_\_\_\_\_
12. Grant amount requested: \_\_\_\_\_
13. List individual items grant will cover. Attach receipts/invoices for all reimbursable expenses.

	Description of item	Name & mailing address of service provider or vendor	Amount
1			\$
2			\$
3			\$
4			\$
5			\$

14. Describe how expenses proposed to be reimburses/paid ty the Business Relief Grant Program are necessary and related to the COVID 19 health emergency.

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15. Required certifications. The Applicant must read and initial each of the following:

\_\_\_\_\_ As the Applicant, I certify this grant is necessary and a result of unforeseen business expenses or business interruption due to the COVID 19 public health emergency.

\_\_\_\_\_ I acknowledge the City is relying on statements made by me as the Applicant when evaluating the application. If representations in the application are found to be inaccurate, I shall reimburse the City for the full amount of any grant received. I understand and acknowledge that I may be required to demonstrate the representations to city, state, or federal agencies at some point in time.

\_\_\_\_\_ I represent and certify I have not received other federal, state, or local COVID related assistance for the same expenses or reimbursements applied for herein.

\_\_\_\_\_ I authorize the City of Belle Plaine to share any information or materials necessary to review my application for the Belle Plaine Business Relief Grant with other City staff members. I also authorize the City of Belle Plaine to make inquiries as necessary to verify the accuracy of statements made on this application.

\_\_\_\_\_ I certify that I have read, understand, and agree to comply with the policy for the Belle Plaine Business Relief Grant. I certify the information included and attached hereto is factual and that I am the authorized signatory for the business referenced herein.

\_\_\_\_\_ I authorize the City of Belle Plaine to share any information or materials necessary to review my application for the Belle Plaine Business Relief Grant with other City staff members. I also authorize the City of Belle Plaine to make inquiries as necessary to verify the accuracy of statements made on this application.

15. Please attach the following:

- Provide proof your business is in good standing with the Secretary of State’s Office. (Go to the <https://mbisportal.sos.state.mn.us/Business/Search>], enter your business name, select “details” on the tab by your business name in the search results. Print the page or save a

screen shot). If you do not have a computer available, please provide the exact name of your company here: \_\_\_\_\_

Authorized Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_

**DATA PRIVACY:** Applications shall be considered private, however, the names of those receiving grants and the grant amount shall be public information.

<p>FOR OFFICE USE ONLY:</p> <p>Application reviewed by: _____ Date: _____</p> <p>Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, reason for denial: _____</p> <p>Grant amount approved: _____</p>
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