



COVID-19

Business Relief Grant

Broad-based Business Assistance

GRANT AVAILABLE NOW

- Reimbursement of COVID related expenses
- Website changes to respond to COVID emergency
- Business interruption due to business closure or decreased business
- Past due rent & mortgage
- Direct payment to daycare providers
- \$10,000 maximum
- **Apply at** <https://www.belleplainmn.com/business-relief-grant>

BELLE PLAINE BUSINESS RELIEF GRANT

PURPOSE

The City of Belle Plaine is providing CARES Act Relief Fund grants for financial assistance to businesses directly impacted by business interruption and unforeseen expenses due to the COVID-19 public health emergency. Grants shall not exceed \$10,000 per business owner or entity.

PROGRAM JUSTIFICATION

In an effort to gauge business needs and make businesses aware of support programs City of Belle Plaine staff pursued personal engagement with the business community. Staff assembled a list of approximately 200 businesses within the City of Belle Plaine and reached out via personal phone calls. Staff also prepared and mailed a postcard to businesses within the database. Input was also solicited from Belle Plaine Chamber of Commerce Board Members and the Belle Plaine Economic Development Authority. Staff reached out to Scott County First Stop Shop and adjacent communities regarding planned programs.

Input from the business community demonstrates a need for the Business Relief Grant in Belle Plaine. The Business Relief Grant is consistent with **“Guidance for State, Territorial, Local, and Tribal Governments Updated June 30, 2020”** and **“U.S. Treasury’s Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments FAQ’s updated July 8, 2020”**.

The City acknowledges the COVID 19 health emergency continues to evolve. As such the City reserves the right to amend, alter, or adjust the Business Relief Grant Program in response to pandemic situation changes and CARES Act Fund federal guidance adjustments.

PROGRAM SPECIFICS

1. Eligible expenses able to be reimbursed by a grant must be incurred between March 1, 2020 and November 15, 2020 and may include:
 - a. Reimbursement to businesses for required COVID expenses such as purchase of personal protective equipment, face coverings, physical changes to buildings to accommodate social distancing/public health purposes, HVAC filtration, COVID related supplies, development of COVID plans, and administration of changes.
 - b. Website creation, adjustment, e-commerce changes required to respond to changes in business models due to COVID impact.
 - c. Direct payments to daycare providers for increased operating costs due to COVID including home based childcare providers.
 - d. Expenses specifically related to business interruption due to business closures or decreased business related to COVID 19 health emergency.
 - e. Past due rent or mortgage payments, not to exceed three monthly payments.
 - f. Other documented costs related to business interruption.
2. Grant amount to reimburse actual expenses/business interruption losses but shall not exceed \$10,000.

PROGRAM ELIGIBILITY

1. Businesses and organizations must be in good standing with the Minnesota Secretary of State’s Office. Businesses may be privately held or non-profit/not-for-profit. Public entities and places of worship are not eligible.
2. Businesses must have a brick and mortar commercial presence in Belle Plaine. Except for licensed home-based childcare, home based businesses are not eligible.
3. Businesses must have one hundred (100) or fewer full time equivalent employees.

4. Businesses must have been doing business (open for business) as of March 1, 2020.
5. The maximum number of grants issued are limited to all of the following: one grant per person, one grant per business entity, one grant per business address, and one grant per household.

APPLICATION & PROCESS

1. Application. Grant applications are to be on a form provided by the City. At a minimum the application shall include:
 - A. A completed application including a signed acknowledgement by the applicant including:
 - a. The Applicant has the authority to submit the application.
 - b. The Applicant certifies the grant is necessary and a result of unforeseen business expenses and business interruption due to COVID-19.
 - c. Acknowledgement the City is relying on statements made by the Applicant when evaluating the application. In the event the Applicant has not submitted the application in good faith and truthfully to the best of their ability the Applicant shall reimburse the City for the full amount of any grant received.
 - B. Business name, type of business, and operating address.
 - C. Names, addresses, contact number, and signatures of all business owners.
 - D. Grant amount requested.
 - E. Proof from the Minnesota Secretary of State’s Office the business is in good standing.
 - F. A statement describing how expenses proposed to be reimbursed by the Business Relief Grant Program is necessary and related to the COVID 19 health emergency.
 - G. Copies of expense receipts, invoices, statements, rental agreement/lease, mortgage, etc.
 - a. The City recommends providing a list of expenses with a brief description and total as well as labeling the supporting document. For example:

Item/Receipt	Description	Service Provider/Vendor	Amount
#1	Face coverings	ABC Company	\$50.00
#2	Plexiglas for separation	XYZ Company	\$100.00
#3	Restaurant space lease @ \$1,000/month	Landlord Name	\$2,000.00

- H. Name, contact phone number, and postal mailing address of service provider (e.g. landlord, mortgage company, equipment purchase source, etc)
2. Grant Review Process. The grant review process shall be as follows:
 - A. Grants shall be reviewed administratively upon receipt. Administrative staff shall review the application and make a determination on program eligibility and grant amount.
 - B. Applicant’s receiving grants will be notified in writing.
 - C. Grant payments are made directly to the service provider i.e. landlord, mortgage company, or purchase vendor, etc. when feasible.
 - D. Grants will not be issued when allocated program funds are depleted.

DATA PRIVACY

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

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.

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>
