



CITY OF GAYLORD SMALL BUSINESS COVID – 19 RELIEF GRANT PROGRAM

Who Is Eligible?

Any for profit business or individual DBA as a business, excluding chain stores and farms filing an IRS form schedule F, in the City of Gaylord, MN.

- Must be in business by March 1, 2020.
- Gross annual revenue of \$1,000,000 or less.
- 25 or fewer full-time employees.
- Business itself must be located within the City of Gaylord, MN, regardless of location of owner(s).

City of Gaylord does not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status.

How Much Is The Grant?

The City of Gaylord has not determined an maximum amount for qualifying grant funds. All amounts will be reviewed. If the City of Gaylord is not able to provide the full amount requested, the application will be passed on to Sibley County for additional funding if available. All CARES act funding requirements must be met to receive funds.

What Do I Need To Apply?

- Completed City of Gaylord Small Business COVID – 19 Relief Grant Program Application
- Proof of ownership of business.
- Most recent tax return filed (2018 or 2019).
- Proof of tax payment plan, if not currently paid to date.
- A current profit and loss statement.
- Business license.
- A copy of your full COVID-19 Preparedness Plan (*see County website for example*).

What Is The Application Deadline?

September 1, 2020 4:30PM



CITY OF GAYLORD SMALL BUSINESS COVID – 19 RELIEF GRANT PROGRAM

When Will Funds Be Disbursed?

Funds will be disbursed by *October 15, 2020* to grant recipients following review and approval by the City of Gaylord EDA Committee. Funds will be direct deposited or mailed directly to recipients.

How Can I Use The Funds?

Businesses must provide proof that funds were used to cover COVID-19 related expenses consistent with the CARES Act requirements. If proof is not able to be provided, recipients will be required to repay funds to the City of Gaylord. Please see federal guidelines for more information on the requirements and eligible expenses.

CONTACT US



Attention: Lory Young
332 Main Ave
PO Box 987
Gaylord, MN 55334



(507) 237-2338



lyoung@exploregaylord.org

Completed applications may be mailed, hand delivered, or emailed as listed above. Applications must be complete for timely review. Incomplete applications will delay review and disbursement.





CITY OF GAYLORD SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Business Name _____

Business Owner(s) _____

Business Information

Property Address _____

Mailing Address _____

Phone _____

Email _____

Type of Business (e.g. restaurant, retail, etc.) _____

Federal Tax ID _____

Legal Structure (check the appropriate option below)

Sole Proprietorship

Independent Contractor

Corporation

Partnership

LLC

Other: _____

Date Opened

Month: _____

Day: _____

Year: _____

OFFICE USE ONLY

Received	Approved	Disbursement



CITY OF GAYLORD SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

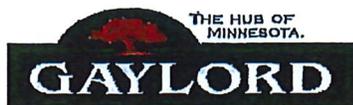
Check all that apply:

- Small, women, and minority owned business eligible.
- Small, women, and minority owned business certified.
- Veteran owned business (provide copy of DD-214).

Impact Information

_____	_____	
Impact Start Date	Impact End Date (or estimated end date)	
\$ _____	\$ _____	
Revenues during impact period.	Revenues during same period of prior year.	
Were you required to close due to MN State Executive Orders?	Yes	No
_____	_____	
Closure Date	Date Re-Opened	
Were you still able to conduct business during the closure period?	Yes	No
If so, how? (e.g. take out, phone orders)		

Is your business currently open to the public?	Yes	No



CITY OF GAYLORD SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Please list all grant and/or loan proceeds received from SBA Programs via the 2020 CARES Act.

Program		Amount
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Conflict of Interest

Please check and complete that which applies to you.

- I am an employee or elected official of the City of Gaylord or Sibley County
- I am related to an employee or elected official of the City of Gaylord or Sibley County

Name: _____

Relationship: _____

- I am not, nor am I related to, an employee or elected official of the City of Gaylord or Sibley County



CITY OF GAYLORD SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

Acknowledgements & Signatures

By initialing below, the applicant agrees to the following statements:

I certify that I am the owner of the business listed for review in this application.

I certify that any and all grant money awarded, if approved, will be used within 30 days of receipt of funds.

I acknowledge that the following list of examples may not be eligible for payments from the fund:

- Expenses for state share of Medicaid.
- Damages covered by insurance.
- Payroll or benefits expenses for employees who were not substantially dedicated to the response of COVID-19.
- Expenses that have, or will be, reimbursed from any federal program.
- Reimbursement to donors for donates items or services.
- Workforce bonuses other than hazard pay or overtime.
- Severance pay.
- Legal settlements.

I acknowledge that eligible spending must be directly related to expenditures incurred from the COVID-19 pandemic.

I acknowledge that grant funds may be used only on expenditures incurred between March 1, 2020 through December 30, 2020.

CITY OF GAYLORD SMALL BUSINESS COVID-19 RELIEF GRANT PROGRAM

_____ *I acknowledge that this completed and signed application is only an application for the disaster assistance grant funds expressed herein. This application, even if favorably received, does not constitute a commitment on the part of the City of Gaylord to extend grant funds.*

_____ *I agree to notify the City of Gaylord immediately in writing if any of the information contained in this application materially changes in any respect.*

_____ *I agree to hold harmless and indemnify the City of Gaylord and its board members, employees, agents, representatives, and associates against any claims, charge suit, damages, or other similar liability. In addition, I agree to further waive any claims against the City of Gaylord whether now, existing, or arising in the future regarding any damages, losses, liability, costs, or expenses (including attorney fees), incurred and arising from this application.*

_____ *I understand that by submitting this application, the City of Gaylord is under no obligation to approve and/or extend an assistance grant.*

I, the undersigned, attest that I have read this application in its entirety as completed, and that the information on this application is accurate, true, and complete. I have read, understand, and agree to comply with the CARES Act requirements or be required to repay funds to the City of Gaylord.

Signature of Authorized Agent

Date

Title