



## Small Business Emergency Assistance Application

### Applicant Information

Business Name: \_\_\_\_\_

Legally Registered Business Name (if different from above): \_\_\_\_\_

State Tax ID number: \_\_\_\_\_

Business Address (proof of address required): \_\_\_\_\_

Business General Phone: \_\_\_\_\_ Business General Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Business Owner/CEO Information (Person completing this application)

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

When did your business begin operating in Arden Hills? \_\_\_\_\_

Is your business registered with the Minnesota Secretary of State? Yes  No

Is your business currently in good standing with the Minnesota Secretary of State? Yes  No

Ownership structure of your business:

Sole Proprietorship  LLC  Partnership  S Corp  C Corp  Other

Industry Classification:

Health Care and Social Assistance

Finance/Insurance

Retail and Trade Arts,

Entertainment, Recreation

Manufacturing

Professional Services

Hospitality/Food Service

Construction / Landscaping

Other \_\_\_\_\_

Please provide a brief history of your business:

**Employment Information**

Current Operating Status

- Open for business or operating online
- Open for business but with reduced hours
- Closed but still operating onsite or remotely
- Completely closed

What was your total employment prior to the emergency declaration?

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Were you forced to make any employment changes as a result of the emergency declaration?

Yes  No

Please describe:

Please describe any other impacts you have experienced as a result of COVID-19:

**Financial Information**

Were you forced to close due to the Governor’s declaration mandate? Yes  No

What was your annual gross receipts or sales from last year?

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What is your projected gross receipts or sales for the next three months?

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Estimated monthly gross receipts or sales loss due to COVID-19.

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Have you filed a business interruption insurance claim? Yes  No

Have you applied for financial assistance from the Federal or State Government? (Please provide evidence.) Yes  No

Please describe:

If you have applied for assistance, which type?

SBA Payroll Protection Program  SBA Emergency Injury Disaster Loan  IDLE

SBA \$10,000 Cash Advance  MN DEED Small Biz Emergency Loan

Other \_\_\_\_\_

\*Applications must include proof of application submittal, acceptance, approval and/or denial of state and federal emergency financing programs.

If the applicant has applied for additional funding sources through the SBA, State, or Federal Programs, please briefly describe how the business intends to use the funds and the amount of assistance received.

What will the funds be used for? Please provide information on the intended use of the grant funds. Funds may be used for previously incurred expenses beginning March 1, 2020 and up to November 15, 2020. Please note: This round of funding is capped at \$5,000 per request. However, additional funding may be available at a later date.

Lease or Mortgage Payments:	
Payroll (Wages excluding Federal and State withholdings):	
Utilities:	
Insurance:	
Payments to Suppliers:	
Business consulting to modify operations due to COVID:	
Other Business Expenses (please list below):	
<b>TOTAL GRANT REQUEST: (Max. \$5,000)</b>	

Are all of the expenses you are seeking funding for incurred after March 1, 2020 and prior to November 15, 2020? Yes  No

Please briefly describe your plans on resuming normal operations following the COVID-19 Pandemic.

## Required Supporting Documentation

1. Most recent year tax return. 2019 Federal Business Returns or appropriate business tax schedule based on entity type. If 2019 tax return is not available, 2018 is acceptable.
2. Monthly Profit & Loss Statements for the following months: March, April, May and June 2020.
3. If you lease your business space, please provide a letter from your landlord stating you were current on rent prior to March 16, 2020, or provide a statement showing rent was current prior to March 16, 2020.
4. Proof of eligible expenses from March 1, 2020 to November 15, 2020 seeking funding for: Examples may include payroll documentation; mortgage/rent statements; utility statements; insurance statements or invoices; other invoices and/or receipts for qualified business expenses.
5. Proof of application submittal, acceptance, approval and/or denial for Federal Small Business Administration Emergency Assistance or Minnesota DEED Emergency Assistance if you have applied to these programs.
6. Form 941: Employer's Quarterly Federal Tax Return for Q1 2020.
7. W-9 with signature.
8. Any other supporting documentation that would assist in answering questions above.

## Applicant Acknowledgements

1. The Applicant shall hold the City of Arden Hills, MN, its officers, consultants, attorneys, and agents harmless from any and all claims arising from or in connection with the Small Business Emergency Assistance Grant Program or its Application (Grant Application), including but not limited to, any legal or actual violations of any State or Federal laws.
2. The Applicant recognizes and agrees that the City of Arden Hills retains absolute authority and discretion to decide whether or not to accept or deny any particular Grant Application, and that all expenditures, obligations, costs, fees, or liabilities incurred by the Applicant in connection with the Grant Application are incurred by the Applicant at its sole risk and expense.
3. The Applicant acknowledges that they have read the Small Business Emergency Assistance Grant Program eligibility requirements and understands that if the application is approved for funding, grant funds awarded must only be used to pay eligible expenses.
4. The Applicant acknowledges that they understand data submitted in relation to this application will become government data and is subject to federal and state data laws. Some of the data may be considered private or nonpublic prior to the award of financial assistance, while some limited data may be considered private or nonpublic even following the award. The City will not publicize your business plans, customer lists, income tax returns, design / market / feasibility studies, income and expense reports, or any other data classified as private or nonpublic under Minn. Stat. §13.591. Application data submitted by organizations that are not selected for grant funding will only be released upon request and as required by Minn. Stat. Chapter 13 or other applicable state/federal law. Application or evaluation data may also be shared with any entity that has a legal right to the data under Minnesota or federal law, including under court order. You can refuse to supply any or all of the requested information, which you are not legally required to provide.
5. **Financial Assistance Certification:** I hereby certify that the Small Business Emergency Assistance Grant Program is necessary and due to direct and adverse effects related to the COVID-19 Pandemic.

The undersigned, a duly authorized representative of the Applicant, hereby certifies the foregoing information is true, correct, and complete as of the date hereof; and agrees that:

- All proceeds from the grant will be used for eligible business expenses under the Small Business Emergency Assistance Grant Program including compliance with Federal CARES Act program requirements;
- If grant funds are used solely for expenses previously incurred, the applicant will file a Certification of Expenses with the City of Arden Hills prior to funds being released. If grant funds are used for expenses yet to be incurred but no later than November 15, 2020, the applicant will file a Certification of Expenses form with the City of Arden Hills no later than November 30, 2020 indicating how funds were spent;
- Applicant shall be bound by all terms and provisions of the Small Business Emergency Assistance Grant Program.

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Name/Title of Authorized Business Representative

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Signature of Authorized Business Representative

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Date

## Certification of Expenses

All grant recipients are required to certify use of funds for requested and eligible uses. Eligible expenditure of funds are subject to Federal CARES Act regulations.

Business name: \_\_\_\_\_

Business street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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1. What was the total amount of grant received? \$ \_\_\_\_\_
2. Did you utilize the funds as expected and stated in your application?  
 Yes       No, please explain
3. Please specify how awarded funds were utilized. Include expenses and amounts up to total amount of grant. For example: Payroll – 2 employees, 2 weeks: \$3,000, May Rent - \$2,000. Attach supporting documentation.

I hereby certify that the grant I received from the City of Arden Hills under the Small Business Emergency Assistance Grant Program was applied for, and was spent, in accordance with the program guidelines, Federal Cares Act, and use of funds was used exclusively for eligible expenses related to COVID-19 public health emergency.

I hereby acknowledge that the IRS has noted that the receipt of a government grant by a business generally is not excluded from the business's gross income under the Code and therefore is taxable. <https://www.irs.gov/newsroom/cares-act-coronavirus-relief-fund-frequently-asked-questions>

I hereby acknowledge that any grant funds determined to have been inappropriately applied for or expended are subject to forfeiture and repayment to the City.

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Name/Title of Authorized Business Representative

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Signature of Authorized Business Representative

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Date