



EMERGENCY GRANT PROGRAM APPLICATION

1. BUSINESS CONTACT

Legal Name:	
DBA (if different):	
Full Address:	
Contact Name:	
Contact Phone:	
Contact Email:	
Website:	

2. BUSINESS INFORMATION

Federal Tax ID:				
State Tax ID:				
Business Structure:	Corporation	Partnership	Proprietorship	Other:
Property:	Own	Lease	Other:	

When did your business begin operations? _____

How long has your business been in Otsego? _____

Full-time Equivalent (FTE) Employees; as of March 31, 2020? _____

Full-time Equivalent (FTE) Employees; Current? _____

6. NARRATIVE - IMPACT

Please provide narrative information and estimated calculations of the negative impacts on your business as a result of the COVID-19 health pandemic. (ex. reduced hours, capacity limitations, increased costs, employee issues, etc.)

7. NARRATIVE – FINANCIAL NEED

Please provide narrative information to illustrate that your business is in financial need of Emergency Grant Program funding from the City of Otsego.

Please note that certain documents supporting the proof of financial need will be required to be attached with this application as supporting documentation.

8. NARRATIVE – FINANCIAL ASSISTANCE

Please provide narrative information on whether your business has been awarded or denied financial assistance of any kind that is directly or indirectly related to the COVID-19 health pandemic.

9. CHECKLIST

Please review the following checklist to ensure that the application and supporting documentation are complete.

Application Form Fully Complete:	Yes / No
Business Information: Proof of Business Address Completed W-9	Yes / No
Supporting Documentation – Proof of Eligible Expenses: Paid Invoices Statement from Landlord / Mortgage Company Verifying Payment Status & Amount	Yes / No
Supporting Documentation – Proof of Financial Need: 2019 Federal Tax Returns Monthly Profit & Loss Statements (March, April, May and June for 2019 & 2020)	Yes / No
Application Signed & Dated:	Yes / No

10. APPLICANT ACKNOWLEDGEMENTS

- a. The Applicant shall hold the City of Otsego, MN, its officers, consultants, attorneys, and agents harmless from any and all claims arising from or in connection with the Emergency Grant Program or its Application (Grant Application), including but not limited to, any legal or actual violations of any State or Federal laws.
- b. The Applicant recognizes and agrees that the City of Otsego 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.
- c. The Applicant acknowledges that they have read the Emergency 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.

- d. 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.
- e. **Financial Assistance Certification:** I hereby certify that the Emergency Grant Program is necessary and due to direct and adverse effects related to Executive Orders 20-04 and 20-08 and/or 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 Emergency 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 Otsego 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 Otsego no later than November 30, 2020 indicating how funds were spent.
- Applicant shall be bound by all terms and provisions of the Emergency Grant Program.

APPLICANT (Print) _____

APPLICANT (Sign) _____

TITLE _____

DATE _____