



Fulda Small Business Assistance CARES Grant Program

Applicant Acknowledgements

1. The Applicant shall hold the City of Fulda, MN, its officers, consultants, attorneys, and agents harmless from any and all claims arising from or in connection with the Fulda Small Business CARES 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 Fulda 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 Fulda Small Business CARES 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. The City of Fulda and the Fulda Economic Development Authority has the right to accept or reject any application.
6. **Financial Assistance Certification:** I hereby certify that the Fulda Small Business CARES Grant Program is necessary and due to direct and adverse effects related to Executive Orders 20-04 and 20-08.

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 Fulda CARES Business Grant Program including compliance with Federal CARES Act program requirements;
- Applicant shall be bound by all terms and provisions of the Fulda CARES Business Grant Program.

Name/Title of Authorized Business Representative

Signature of Authorized Business Representative

Date