



Fulda Small Business Assistance CARES Grant Program Application

APPLICATION PROCEDURES

The Fulda Small Business Assistance CARES Grant Program provides grant funds to small (50 FTEs or less) private, for-profit businesses whose operations have been disrupted by the COVID-19 pandemic. This program is available for businesses within the City of Fulda. Grant funds shall be used for working capital to support payroll expenses, rent, mortgage payments, utility bills, and other similar expenses that occur or have occurred since March 1, 2020, in the regular course of business. Capital expenses are not eligible for this program. All funds must be used exclusively for operations of the business located at the physical address listed on the application.

To be eligible for Fulda Small Business Assistance Grant Program funds, the business must submit a completed application to the City of Fulda, PO Box 372, Fulda, MN 56131 (or electronically to cityclerk@fuldamn.com) no later than 4:00 pm CST on September 18, 2020.

The application must include:

- A completed, signed official application form
- An affidavit affirming the business is eligible and that funds will be used only for eligible expenses.
- Applicant Acknowledgement
- A copy of the Secretary of State filing for the business
- A completed W-9 form for the business

AWARD PROCESS

After 4:00 pm CST on September 18, 2020, applications will no longer be accepted. Those applicants that are determined to be ineligible will receive a letter informing them of their status. All eligible businesses will be awarded funds up to \$5,000.

Once funding amounts have been determined, the program administrator will disburse funds to the grant recipients at the mailing address listed on the application form. Program audits will subsequently be performed at random to verify eligibility of businesses who have been awarded funds. Those businesses that are subsequently determined to be ineligible for the Fulda Small Business Assistance Grant Program will be required to return to the City of Fulda the entire amount of the grant funds previously provided to the business owner if it is determined that the business was not, in fact, "eligible" or, if any false information was either provided or, if pertinent information was omitted from the application for the grant.

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APPLICANT INFORMATION

1. Business Name: _____

2. Business Owner Name (s): _____

3. Physical address of the business: _____

4. Mailing address of the business: _____

5. How many full-time employees: _____ Part-time employees: _____

6. Do you have an active business registration with the Secretary of State? (A copy of this registration must be included with your application.) Yes No

7. Are you current on both Property tax and Sales & Use tax payments with the State of Minnesota, Murray County, and the City of Fulda? Yes No

8. Has your business:

- experienced financial hardship as defined by 10% revenue loss year-over-year between March 1 and May 31, 2019 vs. 2020 due to COVID-19? Yes No
(Please provide supporting documentation)
- Incurred COVID-19 related expenses? Yes No
(Please provide supporting documentation)
- been restricted from operating above 50% capacity by executive orders related to COVID-19 that limited the ability of your business to operate? Yes No

10. Requested grant amount (maximum amount \$5,000) _____

11. Has your business received Minnesota Small Business Relief Grant, Economic Injury Disaster Loan (EIDL), or Paycheck Protection Program (PPP)? If yes, which ones/ how much? _____

12. How has your business been affected by COVID-19: _____

13. How will you be using the funds? _____

AFFIDAVIT

STATE OF MINNESOTA)

)ss.

COUNTY OF MURRAY)

I, _____, duly swear or affirm;

1. I am the owner of _____, a business situated in the City of Fulda, Minnesota and am submitting this affidavit in connection with my application for a Small Business Assistance CARES Grant.

2. I have submitted the information required by the City of Fulda in regard to my business to qualify for the Small Business Assistance Grant. The information submitted in the application for the Grant is true and correct and no pertinent information regarding the business has been omitted on the application.

3. My business has been impacted by the COVID-19 pandemic in that my business has experienced "financial hardship" which means that my business has experienced a 10% decrease in its gross revenues between March 1, 2019 and May 31, 2019 and between March 1, 2020 and May 31, 2020 or has been restricted from operating above 50% capacity by Executive Orders relating to COVID19. This "financial hardship" is due to the COVID-19 pandemic.

4. I understand and have agreed that, if requested by the City of Fulda, I will provide financial records of my business to the City of Fulda demonstrating the financial hardship experienced by my business and will return the entire amount of the grant if false information has been provided or pertinent information has been omitted regarding the financial hardship my business has experienced due to the COVID-19 pandemic.

DATED: _____

(Name of Business)

By: _____
(Name of business owner)

Its: _____
(Title)

Subscribed and sworn to before me,
a Notary Public, this _____ day of
_____, 2020.
