

Swift County RDA Board Special Meeting

Thursday, July 24, 2020 at 12:00 PM

LEC – Swift County Courthouse or Zoom/Dial-in

301 14th St N, Benson, MN

"Providing opportunities for economic and community development in Swift County"

To Join Zoom Meeting

<https://us02web.zoom.us/j/86564327891>

Meeting ID: 865 6432 7891

Dial +13126266799,,86564327891#

Tentative Agenda

Notes/Follow-Up

Tentative Agenda		Notes/Follow-Up
	100 Call to Order	
12:01	200 Agenda Changes 201	
	300 Decision Items 15 mins	
12:02	1 301 Swift County CARES – Grant for Swift County Businesses - define app & policies/procedures	
	302	
12:50	400 Adjournment – estimated time 12:50 PM	

Key: *=enclosure # =handout or presentation

enterprising
BY NATURE
Swift County



Swift County CARES

Small Business & Non-profit Application

Swift County has received Coronavirus Relief Funds that it is making available on an application basis to eligible entities for necessary expenditures incurred due to the public health emergency. A total of \$250,000 has been set aside for small business reimbursements. To serve as many businesses as possible the maximum grant available is \$5,000 per business. Funds may only be used to cover costs incurred due to the Covid-19 public health emergency during the period that begins March 1, 2020 and ends on December 30, 2020 that have not been reimbursed by insurance or other grant programs.

Application Period begins August 10th and ends August 31st. Preliminary award decisions will be made by Swift County RDA Board on a rolling basis. Applicants chosen for awards will be contacted to verify application and provide supporting documentation. Upon successful verification of grant eligibility, Swift County CARES Grant Agreement will be executed and forwarded to the Swift County Board of Commissioners for payment approval. Grant payment will be issued as a check from Swift County.

Section 1 - Program Eligibility

The program funds will be allocated to eligible and qualified small businesses and non-profits based on availability. Applicants must satisfy these requirements to be eligible:

- Must be a for-profit, independently owned business or independently-operated franchise, or **non-profit organization** with a physical establishment in Swift County, MN
- Must have been operating for at least 12 months prior to March 1, 2020
- Must be current on property taxes prior to May 15, 2020 and if applicable any required licenses must be valid and in good standing
- Must demonstrate COVID-19 related hardship since March 1, 2020 (i.e. revenue reduction, employee layoffs, purchase of added safety items, added expenses due to covid-19, etc.)

CAN YOU SATISFY ALL OF THESE REQUIREMENTS?

Yes ___ You are eligible to continue the grant application

No ___ Stop, you are not eligible for a grant

Section 2 - Grant Documentation

Grants are available up to \$5,000 based upon evidence of unreimbursed business loss due to the COVID-19 Pandemic. At the time of application, you are required to certify eligibility and loss. No documentation is required at this time. However, if the applicant is awarded funds, applicant will be required to provide the following or forfeit the grant award:

- Documentation of business revenue from 2019
- Documentation of reduced revenue during COVID-19 State of Emergency
- Other Documentation necessary to support need and compliant of use of funds
- Signed Grant Agreement

Section 3 - Business Information

Name of Business: _____

Business Address: _____ City: _____ Zip: _____

Primary Contact: _____ Email Address: _____

Business Phone: _____ Alternate Phone: _____

Legal Structure: Limited Liability Corporation Partnership Sole-Proprietor Corporation

Cooperative Non-Profit Other _____

Owner Name & Address for all owners of 20% or greater:

		Full-time	Part-time
Grant Request _____	Number of Employees _____	_____	_____
Purpose of the grant			
(select all that apply)	Employee Expenses	Lease/Mortgage	Utilities
			Other (explain)

Describe Business & Covid-19 Impact:

Please describe your business/non-profit and detail the direct and indirect ways that COVID-19 has impacted your revenue to-date and projected revenue, and/or how COVID-19 has directly increased costs for your business.

Section 4 - Business Certification

Name of Authorized Business Representative _____

Title of Authorized Business Representative _____

Has the company, its board or its members authorized the business representative to make this application? Yes ___ No ___

Swift County Review

Applicant acknowledges that they are making application for a public Grant, and that swift County may rely on the applicant's warranties and self-certification of eligibility in the approval process of a grant. Applicant certifies that only one application per business location was submitted. Swift County reserves the right to verify whether duplicate applications were submitted, and to eliminate duplicate applications from consideration, in Swift County's sole discretion. This information and the information provided on all accompanying documents is provided for the purpose of obtaining a grant for the Applicant. Applicant acknowledges that representations made in this application will be relied on by Swift County in its decision to award such grant. Swift County is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein. The Applicant will promptly notify Swift County of any subsequent changes which would affect the accuracy of this information and the information provided on all accompanying documents. The Applicant understands that it is a crime to make a false representation as to their or their company's financial ability for the purpose of securing a grant. The Applicant declares under penalty of perjury that all information provided herein and on accompanying documents is true in every detail and accurately represents the financial condition of the applicant and the Business on the date given below, and that the Applicant has authorization for the business to sign this form.

Applicant acknowledges funds received pursuant to this certification cannot and will not be used for the same expenditures for which an entity has already received other emergency COVID-19 supplemental funding

I hereby make application to the Swift County CARES Program Fund. I acknowledge that this involves public dollars and I certify that I am eligible, my application is true and accurate and that I understand Minnesota Data Practices laws apply to this application and any grant agreement I may sign under it.

Dated: _____

By: _____
(Signature)

(Printed Name)