



Business Relief During COVID-19 APPLICANT DATA

Name of Business _____
Phone Number (include area code)

Business Address _____
City, State, Zip

Name of Owner(s) _____
Phone Number (include area code)

Home Address _____
City, State, Zip

Email Address _____
Date Business was Established

Description of Business

Number of Full Time Equivalentents (FTEs) including yourself:

I declare that any statement in this application and all information provided herein is true and complete to the best of my knowledge. By signing, I agree that I understand that this application will be provided to White Bear Township's Economic Development Authority and that the entire contents of the application is considered public information and is subject to MN Government Data Practices Act, Minnesota Statutes Chapter 13.

Print Name _____
Title

Signature _____
Date

****To determine FTEs, add the total hours worked by all employees in 2019 (full and part time) and divide by 2080.*

Please address these items on a separate piece of paper:

1. Provide the amount of grant requested between \$500.00 and \$2,500.00 (The Township EDA will consider requests above this range depending on need and available funds)
2. Provide detailed information about the expenses this grant will reimburse and explain how these expenses are in response to the COVID-19 pandemic.
3. If these expenditures have already been made, include invoices and receipts.

If these expenditures are planned for future purchase, include cost estimates or quotes and a proposed timeline for the purchases to be made. *(If your grant application is approved, the funds will be released after you submit receipts and invoices.)*

4. Have you applied for State or Federal aid programs? If yes, was your request approved or denied? If no, do you need help applying?
5. Do you have business interruption insurance or other insurance that will cover these expenses? If yes, have you filed a claim?
6. This is taxable income. Please include a completed IRS Form W-9.

Owner(s) Signature

Date

Owner(s) Signature

Date

By signing this document, you are attesting that your business has not received any funding by any other Local, State, or Federal source specific to your request within this program.

*** White Bear Township reserves the right to reject all applications if the applicants do not meet the criteria set forth by the EDA.