



WHITE BEAR TOWNSHIP

1858
RAMSEY COUNTY
MINNESOTA

1281 HAMMOND ROAD
WHITE BEAR TOWNSHIP, MN 55110

651-747-2750
FAX 651-426-2258
Email: wbt@whitebeartownship.org

Board of Supervisors
ED M. PRUDHON, *Chair*
STEVEN A. RUZEK
SCOTT E. MCCUNE

AGENDA ECONOMIC DEVELOPMENT ADVISORY BOARD OCTOBER 13, 2020

1. **5:00 p.m.** Call or In-Person Meeting (your choice) to Order at Administrative Office Conference Room, 1281 Hammond Road.
2. Approval of October 13, 2020 Agenda.
3. Approval of September 8, 2020 Minutes (Additions/Deletions).
4. CARES Act Grant Applications – Review.
5. Stable Property – Update.
6. November/December Meeting Dates - Change or Cancel:
November - Veterans Day
December – Annual Budget Meeting
7. Added Agenda Items.
8. Receipt of Agenda Materials/Supplements.
9. Adjournment.

White Bear Township's Mission:

To provide White Bear Township residents, businesses and visitors with reliable, equitable, high quality municipal services while serving as open, inclusive and responsible stewards of the public trust.





**EDAB Meeting
October 13, 2020**

Agenda Number: 1 - 2 - 3

Subject: Call to Order – 5:00 p.m.
Township Administrative Offices

Approval of October 13, 2020 Agenda &
Minutes of September 8, 2020

Documentation: October 13, 2020 Agenda
September 8, 2020 Minutes

Action / Motion for Consideration:

Call meeting to order:	5:00 p.m.
Approval of Agenda:	October 13, 2020 (additions/deletions)
Approval of Minutes:	September 8, 2020 Minutes

**MINUTES
EDAB MEETING
SEPTEMBER 8, 2020**

The meeting was called to order at 5:30 p.m.

Present: (All by phone) Akenson, Artner, Brunner, Keleher, Stofferahn.
Commissioner Prudhon, Clerk/Treasurer Christopherson.

APPROVAL OF AGENDA (Additions/Deletions): Brunner moved approval of the agenda with the addition of "Historical Society request for donation". Akenson Seconded. Ayes all.

APPROVAL OF SEPTEMBER 17, 2020 MINUTES (Additions/Deletions): Brunner moved to approve the Minutes of August 17, 2020. Stofferahn seconded. Ayes all.

CARES ACT PROGRAM – UPDATE: The proposed small business grant program using CARES Act funding was reviewed by the Township Attorney and the Town Auditor's and was found to be something the Township could offer to its qualifying businesses.

There is an estimated \$115,000 in funds available for possible distribution in increments of \$500-\$2,500 to businesses with 10 or fewer employees.

Artner motioned to recommend to the EDA to accept the proposed small business grant program using CARES Act funding. Brunner seconded. Ayes all.

HISTORICAL SOCIETY REQUEST FOR DONATION: The Township has received a request from the Historical society for \$300.00 to highlight the Township in it's 50 for 50 Celebration of the Region. The Board noted that this was a prudent use of funds which will provide exposure and good public relations regarding the Township.

Artner motioned to recommend to the EDA to approve the \$300.00 expenditure for the Township's participation in the 50 for 50 Celebration of the Region. Brunner seconded. Ayes all.

Artner motioned to adjourn the meeting at 6:07 p.m. Akenson seconded. Ayes all.

Respectfully Submitted,

Patrick Christopherson



EDAB Meeting October 13, 2020

Agenda Number: 4

Subject: CARES Act Grant Applications - Review

Documentation: Applications

Action / Motion for Consideration:

Report at Meeting

Minutes
EDAB Meeting
September 8, 2020

CARES ACT PROGRAM – UPDATE: The proposed small business grant program using CARES Act funding was reviewed by the Township Attorney and the Town Auditor's and was found to be something the Township could offer to its qualifying businesses.

There is an estimated \$115,000 in funds available for possible distribution in increments of \$500-\$2,500 to businesses with 10 or fewer employees.

Artnier motioned to recommend to the EDA to accept the proposed small business grant program using CARES Act funding. Brunner seconded. Ayes all.



Business Relief During COVID-19 APPLICANT DATA

Lucy's Burgers 651-756-7788
Name of Business Phone Number (include area code)

1190 County Rd J #700 White Bear Township, MN 55127
Business Address City, State, Zip

Rob Scott 612-328-3111
Name of Owner(s) Phone Number (include area code)

3322 Stinson Blvd NE Minneapolis, MN 55418
Home Address City, State, Zip

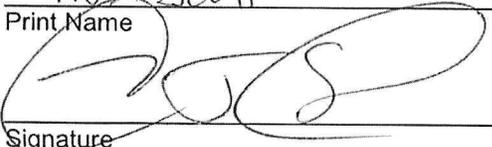
rob@lucysburgers.com 6-2-2016
Email Address Date Business was Established

Restaurant
Description of Business

12.77
Number of Full Time Equivalents (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.

Rob Scott Owner
Print Name Title

 9.18.2020
Signature Date

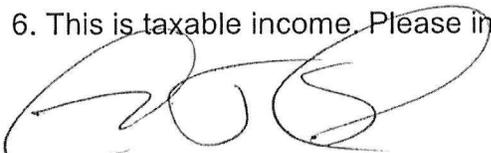
***To determine FTEs, add the total hours worked by all employees in 2019 (full and part time) and divide by 2080.

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

9.18.2020

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.



lucy's BURGERS

- 1) Lucy's would like to request up to \$8765.67
- 2) This grant would reimburse Lucy's Burgers for Tent Rental Expenses directly related to COVID-19. The expenses were incurred to relocate indoor seating outdoors to comply with the Governor's Executive order limiting indoor seating capacity to 50% and to provide table spacing for social distancing.
- 3) See receipts for expenditures that have already been paid.
- 4) Lucy's has applied for State and Federal Aid Programs and our requests have been approved.
- 5) Lucy's has Business Interruption Insurance, but our claim has been denied.
- 6) See W-9 Attached.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Lucy's Burgers, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶	
5 Address (number, street, and apt. or suite no.) See instructions. 1190 County Road J	Requester's name and address (optional)
6 City, state, and ZIP code White Bear Township, MN 55127	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
8	1		2	8	1	5	4	0	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>9/11/2020</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

NOTICE: YOUR CONTRACT WILL BE CLOSED ONCE EQUIPMENT HAS BEEN VERIFIED & ITS CONDITION INSPECTED.

RESERVATION # 5556940



BROADWAY PARTY & TENT RENTAL
"We Rent Celebrations!"

BROADWAY PARTY & TENT RENTAL
8101 ASHTON AVE NE
FRIDLEY, MN 55432
763 208-1357

BroadwayPartyRental.com

SALES PERSON
TEMP SALES (FRONT OFFICE)
Entered by 232 on 05-21-20

RESERVATION - CASH ACCOUNT

CUSTOMER #	296349	P.O. #		DATE OUT	05-28-20
RENTED TO:	LUCY'S BURGERS 1190 COUNTY ROAD J WHITE BEAR TOWNSHIP, MN 55127	PHONE NUMBERS	651 756-7788	TIME OUT	08:00am
				DATE DUE	07-01-20
EVENT ADDRESS	LUCY'S BURGERS 1190 COUNTY ROAD J WHITE BEAR TOWNSHIP, MN 55127		SXXXX ROB SCOTT	TIME DUE	05:00pm
			SUMMER TENT 2020	DATE IN	
RENTAL RATES (PER EACH ITEM)					
QTY.	EQUIPMENT # DESCRIPTION OF ITEM		MINIMUM DAY	WEEK	4 WEEKS ITEM AMT
1	HANDLING SURCHARGE 4.5%				129.60

* IMPORTANT-READ THIS * Contact person MUST BE on site to COUNT, sign for equip, & know where it's going. Area must be PREPARED & READY PRIOR to our arrival. Make Delivery & PickUp arrangements SPECIFIC. EXTRA CHARGES if we have to wait, location exceeds 100' of Delivery Vehicle, Elevators, Backyard Stairs, Hills, Doors, Weekends, Before/After Hrs, etc. Our Staff will place items in a mutually convenient place. Items are to be clean, re-stacked, & ready PRIOR to pre-arranged pickup or EXTRA CHARGES will be applied.

DELIVERY / PICKUP CHARGE 110.00 110.00

Lessee agrees to DAMAGE WAIVER terms as stated on reverse side of this Agreement and agrees to a fee of % of gross rental charges. DAMAGE WAIVER - DECLINED ACCEPTED		SUB TOTAL	2,990.00
Lessee Acknowledges that ALL Rented Items MUST BE:	Returned On Time (Check Above Date & Time Due) as well as Clean, Dry Re-Stacked, Packaged, and in Supplied Transport Containers and in Same Condition as Received. (To Avoid Additional Charges)	Damage Waiver DECLINED	
MY RENTAL / SALE IS TO BE CHARGED ON A CREDIT CARD. MY SIGNATURE HERE WILL BE CONSIDERED MY APPROVAL TO USE THIS CARD TO PAY FOR ALL CHARGES.		SURCHARGE	129.60
X _____ I HAVE READ AND AGREE TO THE CONTRACT TERMS ON THE BACK OF THIS DOCUMENT. THOSE TERMS CONSIST OF OUR ENTIRE AGREEMENT. NO ONE HAS MADE ANY ORAL OR OTHER WRITTEN REPRESENTATIONS OR PROMISES NOT INCLUDED IN THIS CONTRACT. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS CONTRACT.		TAX	230.07
		ESTIMATED	3,349.67
		AMOUNT PAID	3,349.67
CHARGES ARE FROM THE TIME YOU RECEIVED THE EQUIPMENT UNTIL RETURNED, WHETHER EQUIPMENT IS USED OR NOT			

Payment 05-21-20 by[VS] 2,616.94 (0282) Payment 05-26-20 by[VS] 732.7
>> DELIVER ON 05-28-20 8A-5P PICK UP 07-01-20 8A-5P
Contact: ROB- 651-455-6781
DELIVER AND PICKUP ANYTIME
SETUP AND TAKEDOWN STAKED TENT
NON REFUNDABLE DEPOSIT REQUIRED TO MAKE RESERVATION: 25% IF MORE THAN 30 DAYS IN ADVANCE; 50% LESS THAN 30 DAYS; 90% THE WEEK OF YOUR EVENT.



**PLEASE SEND PAYMENT TO:
BROADWAY RENTAL EQUIPMENT CO.
6800 WEST BROADWAY AVE.
MINNEAPOLIS, MN 55428**

HOURS:
MON-FRI 8AM-4PM
SAT (JUNE) 9AM-12PM
SAT (JUL-MAY) CLOSED
SUNDAY CLOSED

NOTICE: YOUR CONTRACT WILL BE CLOSED ONCE EQUIPMENT HAS BEEN VERIFIED & ITS CONDITION INSPECTED.

RESERVATION # 5557172



BROADWAY PARTY & TENT RENTAL
"We Rent Celebrations!"

BROADWAY PARTY & TENT RENTAL
8101 ASHTON AVE NE
FRIDLEY, MN 55432
763 208-1357

BroadwayPartyRental.com

SALES PERSON ROD SCOFIELD
Entered by 232 on 06-22-20

RESERVATION - CASH ACCOUNT

CUSTOMER #	296349	P.O. #		DATE OUT	07-01-20
RENTED TO:	LUCY'S BURGERS 1190 COUNTY ROAD J WHITE BEAR TOWNSHIP, MN 55127	PHONE NUMBERS	651 756-7788	TIME OUT	08:00am
				DATE DUE	08-03-20
EVENT ADDRESS	LUCY'S BURGERS 1190 COUNTY ROAD J WHITE BEAR TOWNSHIP, MN 55127		SXXXX ROB SCOTT	TIME DUE	05:00pm
			SUMMER TENT 2020 JULY	DATE IN	
				TIME IN	
RENTAL RATES (PER EACH ITEM)					
QTY.	EQUIPMENT # DESCRIPTION OF ITEM	MINIMUM	DAY	WEEK	4 WEEKS ITEM AMT

6535-020201	2	20' X 20' X 8' HIGH PEAK CABLE CANOPY *20x40*	900.00	300.00		1,800.00
<p>If Tent's Staked We're Required To Call 48 Biz Hrs In Advance For PUBLIC Utility Marking (Gas,Elec,etc) YOU must mark corners BEFORE Gopher One arrives to locate! If Not Enough Notice Tent MAY Be able to be Weighted for Additional Fees. Property Owner's Responsible For Marking PRIVATE Utilities (Sprinkler,Lights,GasGrill,etc) & Obtaining Permits. READ INFORMATION SHEET **Severe Weather May Require Changing Scheduled Setup/Takedown Times**</p>						
6535-401201	1	= GUTTER 20' HIGH PEAK (G-20)				
6538-0142	24	WEIGHTS, CEMENT 220 LBS EACH (12X12X17)	20.00	20.00		480.00
<p>* ALL tent/canopy manufacturers require stakes or engineered anchoring for proper securing - these are the methods that Broadway Party & Tent Rental recommends. Customer preference may result in the use of weights to secure. In this case the Customer accepts ALL RESPONSIBILITY for ALL damages ____*</p>						

Lessee agrees to DAMAGE WAIVER terms as stated on reverse side of this Agreement and agrees to a fee of % of gross rental charges. DAMAGE WAIVER - DECLINED ACCEPTED		SUB TOTAL	2,280.00
Lessee Acknowledges that ALL Rented Items MUST BE:	Returned On Time (Check Above Date & Time Due) as well as Clean, Dry Re-Stacked, Packaged, and in Supplied Transport Containers and in Same Condition as Received. (To Avoid Additional Charges)	Damage Waiver	DECLINED
MY RENTAL / SALE IS TO BE CHARGED ON A CREDIT CARD. MY SIGNATURE HERE WILL BE CONSIDERED MY APPROVAL TO USE THIS CARD TO PAY FOR ALL CHARGES.		TAX	162.45
X _____ I HAVE READ AND AGREE TO THE CONTRACT TERMS ON THE BACK OF THIS DOCUMENT. THOSE TERMS CONSIST OF OUR ENTIRE AGREEMENT. NO ONE HAS MADE ANY ORAL OR OTHER WRITTEN REPRESENTATIONS OR PROMISES NOT INCLUDED IN THIS CONTRACT. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS CONTRACT.		ESTIMATED	2,442.45
X _____		AMOUNT PAID	2,442.45
CHARGES ARE FROM THE TIME YOU RECEIVED THE EQUIPMENT UNTIL RETURNED, WHETHER EQUIPMENT IS USED OR NOT			

Payment 06-22-20 by[VS] 2,442.45 (0282)
PICK UP 08-03-20 ask rod
Contact: ROB- 651-455-6781
ASK ROD BEFORE PICKUP ANYTIME
SETUP AND TAKEDOWN STAKED TENT
NON REFUNDABLE DEPOSIT REQUIRED TO MAKE RESERVATION: 25% IF MORE THAN 30 DAYS IN ADVANCE; 50% LESS THAN 30 DAYS; 90% THE WEEK OF YOUR EVENT.



PLEASE SEND PAYMENT TO:
BROADWAY RENTAL EQUIPMENT CO.
6800 WEST BROADWAY AVE.
MINNEAPOLIS, MN 55428

HOURS:
MON-FRI 8AM-4PM
FRI (JUNE) 8AM-5PM
SAT CLOSED
SUNDAY CLOSED

NOTICE: YOUR CONTRACT WILL BE CLOSED ONCE EQUIPMENT HAS BEEN VERIFIED & ITS CONDITION INSPECTED.



BROADWAY PARTY & TENT RENTAL
"We Rent Celebrations!"

BROADWAY PARTY & TENT RENTAL
8101 ASHTON AVE NE
FRIDLEY, MN 55432
763 208-1357

BroadwayPartyRental.com

EN CONTRACT # 5059581
OPRESERVE/QUOTE 5557815

SALES PERSON ROD SCOFIELD
Entered by 232 on 08-28-20

OPEN CONTRACT - CASH ACCOUNT

CUSTOMER #	296349	P.O. #	SEPTEMBER		DATE OUT	09-01-20	
RENTED TO:	LUCYS BURGERS 1190 COUNTY RD J WHITE BEAR TOWNSHIP, MN 55127	PHONE NUMBERS	651 756-7788	TIME OUT	08:00am	DATE DUE	09-30-20
			SXXXX ROB SCOTT	TIME DUE	05:00pm	DATE IN	
EVENT ADDRESS	LUCYS BURGERS 1190 COUNTY RD J WHITE BEAR TOWNSHIP, MN 55127	SUMMER TENT 2020 SEPT		DATE IN		TIME IN	
RENTAL RATES (PER EACH ITEM)							
QTY.	EQUIPMENT #	DESCRIPTION OF ITEM	MINIMUM	DAY	WEEK	4 WEEKS	ITEM AMT

6535-020201	2	20' X 20' X 8' HIGH PEAK CABLE CANOPY * 20' x 40'*	300.00	300.00			600.00
Property Owner's Responsible For Marking PRIVATE Utilities & For Obtaining Permits. *BROADWAY PARTY RENTALS NOT LIABLE FOR HITTING UNMARKED UTILITIES* **Severe Weather May Require Changing Scheduled Setup/Takedown Times**							
6535-401201	1	= GUTTER 20' HIGH PEAK (G-20)					
6538-0142	24	WEIGHTS, CEMENT 220 LBS EACH (12X12X17)	20.00	20.00			480.00
* ALL tent/canopy manufacturers require stakes or engineered anchoring for proper securing - these are the methods that Broadway Party & Tent Rental recommends. Customer preference may result in the use of weights to secure. In this case the Customer accepts ALL RESPONSIBILITY for ALL damages _____*							
6538-0145	6	WEIGHTS, SANDBAG 40 LBS EACH					

A PHONE CALL OR VOICEMAIL IS REQUIRED FOR ANY PROBLEM _____

Lessee agrees to DAMAGE WAIVER terms as stated on reverse side of this Agreement and agrees to a fee of % of gross rental charges. **DAMAGE WAIVER - DECLINED _____ **ACCEPTED** _____**

Lessee Acknowledges that ALL Rented Items MUST BE: Returned On Time (Check Above Date & Time Due) as well as Clean, Dry Re-Stacked, Packaged, and in Supplied Transport Containers and in Same Condition as Received. (To Avoid Additional Charges)

MY RENTAL / SALE IS TO BE CHARGED ON A CREDIT CARD.
MY SIGNATURE HERE WILL BE CONSIDERED MY APPROVAL TO USE THIS CARD TO PAY FOR ALL CHARGES.

X _____ I HAVE READ AND AGREE TO THE CONTRACT TERMS ON THE BACK OF THIS DOCUMENT. THOSE TERMS CONSIST OF OUR ENTIRE AGREEMENT. NO ONE HAS MADE ANY ORAL OR OTHER WRITTEN REPRESENTATIONS OR PROMISES NOT INCLUDED IN THIS CONTRACT. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS CONTRACT.

X

CHARGES ARE FROM THE TIME YOU RECEIVED THE EQUIPMENT UNTIL RETURNED, WHETHER EQUIPMENT IS USED OR NOT

Payment 08-31-20 by[VS] 1,159.65 (0282)
PICK UP 09-30-20

Contact: ROB 651-455-6781
ASK ROD BEFORE PICKUP ANYTIME
DELIVERED 5-27-20
SETUP & TAKEDOWN WEIGHTED TENT



www.BroadwayRental.com

PLEASE SEND PAYMENT TO:
BROADWAY RENTAL EQUIPMENT CO.
6800 WEST BROADWAY AVE.
MINNEAPOLIS, MN 55428

HOURS:
MON-FRI 8AM-4PM
~~CONT FRU/DUNE) NEAM-BAME~~
SAT CLOSED
SUNDAY CLOSED

NOTICE: YOUR CONTRACT WILL BE CLOSED ONCE EQUIPMENT HAS BEEN VERIFIED & ITS CONDITION INSPECTED.



BROADWAY PARTY & TENT RENTAL
"We Rent Celebrations!"

BROADWAY PARTY & TENT RENTAL
8101 ASHTON AVE NE
FRIDLEY, MN 55432
763 208-1357

BroadwayPartyRental.com

EN CONTRACT # 5059581
OPRESERVE/QUOTE 5557815

SALES PERSON ROD SCOFIELD
Entered by 232 on 08-28-20

OPEN CONTRACT - CASH ACCOUNT

CUSTOMER #	296349	P.O. #	SEPTEMBER		DATE OUT	09-01-20
RENTED TO:	LUCYS BURGERS 1190 COUNTY RD J WHITE BEAR TOWNSHIP, MN 55127	PHONE NUMBERS	651 756-7788	TIME OUT	08:00am	
				DATE DUE	09-30-20	
EVENT ADDRESS	LUCYS BURGERS 1190 COUNTY RD J WHITE BEAR TOWNSHIP, MN 55127		SXXXX ROB SCOTT	TIME DUE	05:00pm	
			SUMMER TENT 2020 SEPT	DATE IN		
				TIME IN		
RENTAL RATES (PER EACH ITEM)						
QTY.	EQUIPMENT #	DESCRIPTION OF ITEM	MINIMUM	DAY	WEEK	4 WEEKS
						ITEM AMT

For After Hours EMERGENCY On THIS Equipment ONLY, Call 612-642-1357

<p>Lessee agrees to DAMAGE WAIVER terms as stated on reverse side of this Agreement and agrees to a fee of % of gross rental charges. DAMAGE WAIVER - DECLINED _____ ACCEPTED _____</p>		<p>SUB TOTAL 1,080.00</p>
<p>Lessee Acknowledges that ALL Rented Items MUST BE:</p>	<p>Returned On Time (Check Above Date & Time Due) as well as Clean, Dry Re-Stacked, Packaged, and in Supplied Transport Containers and in Same Condition as Received. (To Avoid Additional Charges)</p>	<p>Damage Waiver DECLINED</p>
<p>MY RENTAL / SALE IS TO BE CHARGED ON A CREDIT CARD. MY SIGNATURE HERE WILL BE CONSIDERED MY APPROVAL TO USE THIS CARD TO PAY FOR ALL CHARGES.</p>		<p>TAX 79.65</p>
<p>X _____ I HAVE READ AND AGREE TO THE CONTRACT TERMS ON THE BACK OF THIS DOCUMENT. THOSE TERMS CONSIST OF OUR ENTIRE AGREEMENT. NO ONE HAS MADE ANY ORAL OR OTHER WRITTEN REPRESENTATIONS OR PROMISES NOT INCLUDED IN THIS CONTRACT. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS CONTRACT.</p>		<p>GRAND TOTAL 1,159.65</p>
<p>X _____</p>		<p>-VS 1,159.65</p>
<p>CHARGES ARE FROM THE TIME YOU RECEIVED THE EQUIPMENT UNTIL RETURNED, WHETHER EQUIPMENT IS USED OR NOT</p>		<p>BALANCE DUE 0.00</p>

Payment 08-31-20 by[VS] 1,159.65 (0282)
PICK UP 09-30-20

Contact: ROB 651-455-6781
ASK ROD BEFORE PICKUP ANYTIME
DELIVERED 5-27-20
SETUP & TAKEDOWN WEIGHTED TENT



www.BroadwayRental.com

PLEASE SEND PAYMENT TO:
BROADWAY RENTAL EQUIPMENT CO.
6800 WEST BROADWAY AVE.
MINNEAPOLIS, MN 55428

HOURS:
MON-FRI 8AM-4PM
FRI (JUNE) 8AM-5PM
SAT CLOSED
SUNDAY CLOSED

Patti Walstad

From: Pat Christopherson
Sent: Friday, October 9, 2020 10:51 AM
To: Patti Walstad
Subject: FW: Covid 19 Relief grant application
Attachments: WB Township grant 1.pdf; WB Township grant app.docx; WB Township grant 2.pdf; completed W9.pdf

#2

From: White Bear Makerspace <whitebearmakerspace@gmail.com>
Sent: Friday, October 2, 2020 12:30 PM
To: Pat Christopherson <Pat.Christopherson@whitebeartownship.org>
Subject: Covid 19 Relief grant application

Caution: This email originated outside our organization; please use caution.

Hi! Thanks for offering this grant opportunity. Attached is the application form, W9 and additional data needed.

Please contact me if you have any questions or need more information.

Theresa

Theresa & Tom Lendway, Founders
White Bear Makerspace (www.whitebearmakerspace.com)
5966 State Highway 61
White Bear Township MN 55110
Tom - 651-245-6401
Theresa - 651-245-6400



Business Relief During COVID-19 APPLICANT DATA

WHITE BEAR MAKERSPACE
Name of Business

651-245-6400
Phone Number (include area code)

5906 HWY 10
Business Address

WB TOWNSHIP MN 55110
City, State, Zip

THERESA TOM LENDWAY
Name of Owner(s)

651-245-6400
Phone Number (include area code)

3743 THOMAS CT
Home Address

VADNAIS HEIGHTS MN 55127
City, State, Zip

WHITEBEARMAKERSPACE@GMAIL.COM
Email Address

8/2018
Date Business was Established

DIY WORKSHOP - WOODWORKING, EPOXY, CRAFTS
Description of Business

3
Number of Full Time Equivalents (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.

THERESA LENDWAY
Print Name

CEO
Title

Theresa Lendway
Signature

9.25.2020
Date

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

White Bear Township – Business Relief During COVID-19 Grant

- 1) Amount of grant requested - \$2,400
- 2) We currently have 3 laptops, which are used with our CNC, laser cutter, and 3D printer. In the past, one laptop could be used to run more than one machine at a time (thus members were sharing the laptop). Due to COVID-19, people do not want to share laptops, so all 3 laptops are tied up running one machine each, leaving no laptops available for preparing the next job for each machine. Then when a job finishes, the machine sits unused while the member prepares the next file. This grant would help us get more laptops, so that people can prepare the next job while the machines are running.
- 3) We are looking to buy 3 inexpensive laptops (at budget of ~\$335 each) + tax, for a total cost of ~\$1082. The required CNC software will cost a total of \$1,300.
- 4) We did apply for State and Federal aid programs. We only qualified for a loan from the EDIL program.
- 5) Our insurance does not cover business interruption.

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.)*

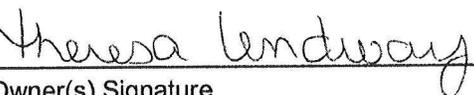
4. Have you applied for State or Federal aid programs? If yes, was your request approved or denied? If no, do you need help applying?
5. Do you have business interruption insurance or other insurance that will cover these expenses? If yes, have you filed a claim?
6. This is taxable income. Please include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



Owner(s) Signature

10-2-2020

Date



Owner(s) Signature

10-2-2020

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.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
WHITE BEAR MAKERSPACE, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
5916e Hwy 61

6 City, state, and ZIP code
WHITE BEAR TOWNSHIP MN 55110

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-					
--	--	--	--	---	--	--	--	--	--

or

Employer identification number

8	3	-	1	6	8	5	6	4	4
---	---	---	---	---	---	---	---	---	---

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ **Theresa Lendway, President** Date ▶ **3-7-19**

White Bear Makerspace

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Patti Walstad

From: Pat Christopherson
Sent: Friday, October 9, 2020 10:51 AM
To: Patti Walstad
Subject: FW: Grant Application
Attachments: Township Grant Application.pdf

#3

And you have Lucy's...we have one more coming in today

From: Judi Fluger <judi@mmraces.com>
Sent: Thursday, October 8, 2020 4:21 PM
To: Pat Christopherson <Pat.Christopherson@whitebeartownship.org>
Subject: Grant Application

Caution: This email originated outside our organization; please use caution.

Good afternoon. Attached, please find my application for grant funds. I have attached receipts of purchases already made and a breakdown of additional purchases that I will need to make to properly social distance athletes in my upcoming races. Thank you for your consideration.

Respectfully,

Judi Fluger
Owner, Founder, Race Director
Midwest Multi Sport Races
www.mmraces.com
651-440-9625

MMRaces

MIDWEST MULTISPORT RACES



Business Relief During COVID-19
APPLICANT DATA

Midwest Multisport Races LLC 651-440-9625
Name of Business Phone Number (include area code)

2370 County Rd J, Ste 103 White Bear Lake MN 55110
Business Address City, State, Zip

Judite Fluger 651-470-1619 (cell)
Name of Owner(s) Phone Number (include area code)

2243 4th St. White Bear Lake MN 55110
Home Address City, State, Zip

judi@mmraces.com 1/18/19
Email Address Date Business was Established

Produce and put on running, triathlon & duathlon races in
Description of Business the NE Metro.

2.5
Number of Full Time Equivalents (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.

Judite Fluger
Print Name
[Signature]
Signature

Owner
Title
10/8/20
Date

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

I will need to purchase 28 inch cones to create marked off areas for waves of 25 individuals.

Cost at Fleet Farm is \$14.99 each. I will need 20. Cost of \$323.60.

Additional fencing to create the wave corrals \$49.99 each for 5 more. Cost of \$268.30

20 Additional fence posts \$3.99 each. Cost of \$85.60

Total already spent: \$497.50

Total anticipated: \$677.50

I am requesting a total grant of \$1175.00

Thank you for your consideration.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Midwest Multisport Races LLC	
2 Business name/disregarded entity name, if different from above Midwest Multisport Races LLC	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 2370 County Road J, Suite 103	Requester's name and address (optional)
6 City, state, and ZIP code White Bear Lake MN 55110	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
8 3 - 3 1 9 0 6 9 0	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 2/21/2020
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Use Your  2%
BIG CARD REBATE
MENARDS

MENARDS - MAPLEWOOD
2280 MAPLEWOOD DRIVE
MAPLEWOOD, MN

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns for
items on this receipt will be in the form
of an in store credit voucher if the
return is done after 12/10/20

If you have questions regarding the
charges on your receipt, please
email us at:
MAPL.frontend@menards.com



Sale Transaction

6 PK BROWN JERSEY GLOVES 6601006	4.79 NT	
12 PK LADIES NITRILE GLO 6601252	6.99 NT	
8 OZ GOO GONE 6471701	3.48	
LADIES GRAIN LTHR GLOVE 6601267 2.00 @6.99	13.98 NT	
FOLDING QUAD CHAIR *	7.99	
2730023		
SPORT QUAD CHAIR MESH *	12.99	
2735110		
TESTORS SPRAY CHALK KIT 5579600 6 @14.99	89.94	
TESTORS SPRAY CHALK WHIT 5579605 4 @4.65	18.60	
TESTORS SPRAY CHALK BLUE 5579604 6 @4.65	27.90	
128OZ IN-CIDE 6478303	SB 7.49	
TOTAL	194.15	
TAX RAMSEY-MN 7.375%	12.42	
TOTAL SALE	206.57	
Debit 3077	206.57	
Auth Code:084053		
Chip Inserted		
a0000000042203		
TC - c59696b236005c68		

19.27
376.69
101.54

TOTAL SAVINGS 2.00

TOTAL NUMBER OF ITEMS = 24

Use Your  2%
BIG CARD REBATE
MENARDS

ARDS - Oakdale
Hadley Ave North
dale, MN 55128

KEEP YOUR RECEIPT
POLICY VARIES BY PRODUCT TYPE

ted below allowable returns for
this receipt will be in the form
n store credit voucher if the
urn is done after 12/24/20

I have questions regarding the
charges on your receipt, please
email us at:

AKDfrontend@menards.com



Sale Transaction

RMCDL BLEACH	SB	4.29
IARD PAIL		1.99
SPRAY CHALK KIT		44.97
3 @14.99		
MAGIC ERASER		11.47
ANTIBAC WIPES		3.99
DUTY STEEL U-POS		79.80
20 @3.99		
INGTON-MN 7.125%		146.51
ILE		10.44
77		156.95
ode:082400		156.95
nserted		
00042203		
a8c1c97162abca4		

NUMBER OF ITEMS = 27

LOWING REBATE RECEIPTS WERE
PRINTED FOR THIS TRANSACTION.

COSTCO WHOLESALE

Maplewood #1021
1431 Beam Ave
Maplewood, MN 55109

H6 Member 111886005345
1451987 SANITIZ100CT 14.69
0000239870 /1451987 3.00-
SUBTOTAL 46.76
TAX 0.00
**** TOTAL 46.76
Check/Member Prntd 46.76
CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 4
INSTANT SAVINGS \$ 12.00
09/24/2020 10:34 1021 7 51 6



21102100700512009241034
OP#: 6 Name: Melissa
Thank You!
Please Come Again
Whse:1021 Trm:7 Trn:51 OP:6

Items Sold: 4
H6 09/24/2020 10:34

Use Your  2%
BIG CARD REBATE
MENARDS

MENARDS - MAPLEWOOD
2280 MAPLEWOOD DRI
MAPLEWOOD, MN

KEEP YOUR RECEIPT
RETURN POLICY VARIES BY PRODUCT TYPE

Unless noted below allowable returns f
items on this receipt will be in the f
of an in store credit voucher if the
return is done after 12/10/20

If you have questions regarding the
charges on your receipt, please
email us at:

MAPLfrontend@menards.com



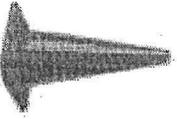
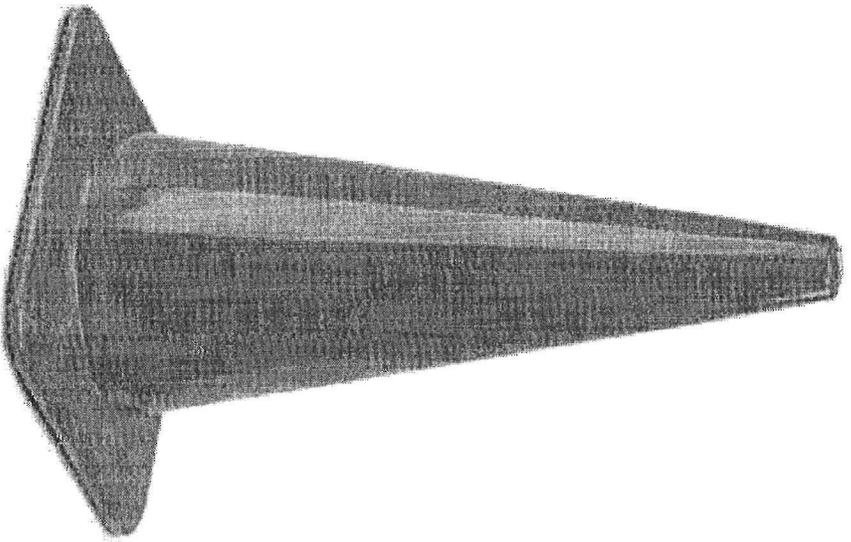
Sale Transaction

4'X100' ORANGE EZ FENCE		
1719466	4 @49.99	199.96
T-POST CLIPS 50PC BAG		
1712932	5 @2.50	12.50
5'HEAVY DUTY STEEL U-POS		
1712986	13 @3.99	51.87
11" WHITE CABLE TIE -100		
1641314	2 @39.99	79.98
2 PK LADIES NITRILE GLO		
601252		6.99 N

JTAL 351.30
IX RAMSEY-MN 7.375% 25.39
ITAL SALE 376.69
debit 3077 376.69
Auth Code:002933
Chip Inserted
a0000000042203
TC - 1851afd7c0af2a13

TOTAL NUMBER OF ITEMS = 25

THE FOLLOWING REBATE RECEIPTS WERE
PRINTED FOR THIS TRANSACTION:
607



Tweet

Like 0

Share



Tri-Glo >

28 in Orange Standard Safety Cone

★★★★★

[Write a review](#)

Product #: 0000000036055 | SKU: 005641287 | Model #: 2850-7
\$14.99

Quantity

-	20	+
---	----	---

Pick Up In Store

AVAILABLE [★] at OAKDALE, MN
[Change Store](#)

[ADD TO CART](#)

[Add to Wish List](#)

299.80
 23.80

 275.00
 Sales Tax

Specifications

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

10/8/20

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.

Patti Walstad

From: Pat Christopherson
Sent: Friday, October 9, 2020 10:51 AM
To: Patti Walstad
Subject: FW: St. John's Coronavirus Relief Funding request of White Bear Township Including Cost Data
Attachments: St. John's Coronavirus Relief Funding request of WB Township.Cost Data.pdf

#1

From: Keithahn, Laura (HealthEast) <lkeithahn@healtheast.org>
Sent: Tuesday, September 22, 2020 9:54 AM
To: Pat Christopherson <Pat.Christopherson@whitebeartownship.org>
Cc: McCoy, Andy A <AMCCOY2@Fairview.org>; Edwards, Mary C <MEDWARD1@Fairview.org>; Anderson, Wendi L <wanders8@Fairview.org>; Ed Prudhon <Ed.Prudhon@whitebeartownship.org>
Subject: FW: St. John's Coronavirus Relief Funding request of White Bear Township Including Cost Data

Caution: This email originated outside our organization; please use caution.

Good morning Pat,

Thanks for your email directing me to complete the online application. When doing so, there were two areas that St. John's Hospital would be out of scope:

- Businesses that employ fewer than 10 FTEs
- Grant requests are to be between \$500 and \$2,500 (Additional consideration will be evaluated)

As you know, St. John's Hospital employees more than 10FTE's and St. John's is requesting \$19,758 (according to the attached St. John's letter which includes cost data).

I would appreciate your advise on the next steps you would like me to take on behalf of St. John's.

Thanks again

Laura Keithahn | VP Hospital Operations

M Health Fairview | St. John's Hospital
1575 Beam Avenue | Maplewood, MN 55109
lkeithahn@healtheast.org | mhealthfairview.org
Office: 651-232-7335 | Cell or pager: 651-983-1657
Employed by Fairview Health Services

COVID-19 Business Grant

Overview

The federal Coronavirus Aid, Relief and Economic Security (CARES) Act established a \$150 billion Coronavirus Relief Fund for distribution to state and local government.

Minnesota was allocated \$853 million, from which White Bear Township will receive approximately \$835,000.00. This funding must be use to support services and grants to businesses, hospitals and individuals impacted by the pandemic. Of the White Bear Township allocation, \$750,000.00 will be used for grants to White Bear Township businesses to reimburse expenditures in response to COVID-19.

The White Bear Township EDAB (Economic Development Advisory Board) will provide recommendations to the Township EDA (Economic Development Authority) to administer the grant program.

Grant Guideline

For-and-Non-Profit businesses that employ fewer than 10 Full Time Equivalent (FTEs) are eligible to apply. To determine the number of FTEs add total hours worked by all employees in 2019 (full and part time) and divide by 2080.

- Preference will be given to those businesses that have applied for and not received COVID-19 grants or loans from federal and state governments.
- Grant requests must be between \$500.00 and \$2500.00. (Additional consideration will be evaluated)
- Expenses must be in response to COVID-19. Business expenses including, but not limited to, such items as computers, software and other hi-tech goods, linens, protective gear, cleaning equipment, alterations to building structure and grounds, Plexiglass barriers, and new outdoor seating, as examples.
- Applications must include copies of invoices or receipts for expenditures that have already been incurred. If these expenditures are planned for future purchase, include cost estimates or quotes and timeline for purchase. If applications are approved for planned purchases, funds will be released when invoices and receipts are submitted.

Non-eligible Expenses

- Lost Revenue
- Expenses for which you have received other reimbursement ("Double-Dipping" is not allowed)
- Property taxes
- Payroll Expense

Grant Program Timeline

- Grant program announced and open for applications on September 9, 2020
- Applications must be received by the EDA by 5:00 pm on October 12, 2020
- Grant awards announced on October 15, 2020
- All funds must be spent by November 15, 2020

If there are available, funds remaining after October 31, 2020 the Township EDA may announce a second round. *All expenses must have occurred between March 1, 2020 and November 15, 2020.*

From: Pat Christopherson <Pat.Christopherson@whitebeartownship.org>
Sent: Friday, September 18, 2020 3:07 PM
To: Keithahn, Laura <lkeithahn@healtheast.org>
Subject: RE: St. John's Coronavirus Relief Funding request of White Bear Township Including Cost Data

Laura

Go to our website and find the application form that we have created specific to our grant program. We just posted it Tuesday so it's pretty new...feel free to fill it out with your request and send it back to me; that way you're official

PC

From: Keithahn, Laura (HealthEast) <lkeithahn@healtheast.org>
Sent: Friday, September 18, 2020 2:05 PM
To: Pat Christopherson <Pat.Christopherson@whitebeartownship.org>

Cc: Ed Prudhon <Ed.Prudhon@whitebeartownship.org>; Anderson, Wendi L <wanders8@Fairview.org>; Edwards, Mary C <MEDWARD1@Fairview.org>; McCoy, Andy A <AMCCOY2@Fairview.org>

Subject: RE: St. John's Coronavirus Relief Funding request of White Bear Township Including Cost Data

Caution: This email originated outside our organization; please use caution.

Good afternoon Pat,

I thought I would touch base with you regarding the status of your CARES Act Funding. I hope that White Bear Township is still considering St. John's Hospital as a source of your funding.

As a reference, I am resending the Cost Data letter that we sent to you on 8/20/2020.

If you have any questions or updates, we would welcome them

Thanks again.

Laura Keithahn | VP Hospital Operations

M Health Fairview | St. John's Hospital

1575 Beam Avenue | Maplewood, MN 55109

lkeithahn@healtheast.org | mhealthfairview.org

Office: 651-232-7335 | Cell or pager: 651-983-1657

Employed by Fairview Health Services

From: Keithahn, Laura <lkeithahn@healtheast.org>

Sent: Thursday, August 20, 2020 12:27 PM

To: Pat Christopherson <Pat.Christopherson@whitebeartownship.org>

Cc: Ed.Prudhon@whitebeartownship.org; Anderson, Wendi L <wanders8@Fairview.org>; Edwards, Mary C <MEDWARD1@Fairview.org>; McCoy, Andy A <AMCCOY2@Fairview.org>

Subject: St. John's Coronavirus Relief Funding request of White Bear Township Including Cost Data

Good afternoon Pat,

Thank you for your time on August 17th and your consideration of our request for a portion of the town's Coronavirus Relief Fund allocation to help St. John's continue to serve the community. Please find a letter attached that provides specific cost data and our request. We greatly appreciate your attention to this matter. We are more than happy to provide more information should additional questions arise.

Laura Keithahn | VP Hospital Operations

M Health Fairview | St. John's Hospital

1575 Beam Avenue | Maplewood, MN 55109

lkeithahn@healtheast.org | mhealthfairview.org

Office: 651-232-7335 | Cell or pager: 651-983-1657

Employed by Fairview Health Services



St. John's Hospital
1575 Beam Avenue
Maplewood, MN 55109

August 19, 2020

Mr. Patrick Christopherson
Town Administrator
White Bear Township
1281 Hammond Road
White Bear Township, MN 55110

Dear Mr. Christopherson:

Thank you for your consideration of St. John's Hospital's Coronavirus Relief Fund request toward alleviating the financial impact of the COVID-19 pandemic.

Located in Maplewood, St. John's opened in 1985 as a non-profit hospital and has proudly served the surrounding communities which comprise 14 zip codes. It has 184 licensed inpatient beds with more than 12,000 inpatient admissions, 40,000 emergency room visits, 3,000 births, 5,500 surgeries and 200,000 outpatient visits per year – St. John's serves anyone who walks through our doors. It is one of the largest employers in the area. Strengths include caring for a culturally diverse population that equates to 63 different languages. Community partnerships include Police and Fire Departments, Schools, Chambers of Commerce, Rotary Clubs, City Administrators, Legislators, Business Leaders, Economic Development and Workforce Planning, and others. St. John's is a clinical training site for local Colleges and Universities to train physicians, nurses, radiology techs, ultrasound techs, physical and occupational therapists, respiratory therapists, pharmacists, and paramedics/EMTs.

As we discussed, the urgent actions that we took at St. John's to care for COVID-19 patients have been critical to our ability to successfully serve our community, but they have come at a cost. We have been able to finalize our pandemic-related costs and have found that they span several buckets:

Supplies and Equipment Costs: St. John's had to acquire a significant amount of Personal Protective Equipment (PPE) to keep our staff safe. Because of shortages of PPE, not only was it hard to get, but prices increased over historic levels. We also needed to acquire additional monitors, ventilators and other equipment to prepare for a COVID-19 surge.

Infrastructure Costs: St. John's needed to make changes in our heating and ventilating (HVAC) systems to convert rooms to negative airflow, as standard HVAC systems recirculate air throughout the facility. In order to protect staff and other patients, rooms designated to house confirmed or suspected COVID-19 patients needed to be negative airflow rooms, meaning that air is no longer recirculated but discharged safely outside the hospital. In addition, St. John's needed to convert rooms from Med/Surg or Emergency to Intensive Care Units (ICU), which have a higher level of capability to care for higher acuity patients admitted with the virus.

Equal Opportunity Employer

Training and Education Costs: Additional staff training had to be performed to better prepare St. John's staff to better care for COVID-19 patients, educate staff on how to properly don and doff PPE without becoming infected in the process, and train staff deployed to different areas of the organization due to changing needs resulting from the shut down of some parts of our operation. In the midst of all of this, St. John's had to institute furloughs and major salary reductions that had impacts on our already burdened staff.

As we discussed, St. John's received \$5,229,889 in CARES Act Provider Relief Funds out of the total \$175 billion distributed by the U.S. Department of Health and Human Services to hospitals and healthcare providers. This did help alleviate some of the early impact of COVID-19. Unfortunately, during the months of March through June, St. John's lost an unanticipated \$17,531,084 in revenue because of the pandemic that, for instance, led patients to cancel or defer non-time-sensitive surgeries and other procedures.

St. John's requests of local governments focus solely on the incremental costs due to COVID-19 as detailed above, which totaled \$871,096 from March through June. We respectfully ask that White Bear Township allocate \$19,758 from the \$835,900 received by the Township to help the hospital offset non-reimbursable costs incurred to-date for supplies and equipment, infrastructure, and training and education in response to the coronavirus pandemic. The amount we are requesting is the proportional market share of admissions to St. John's Hospital, 2.27%, which the Township represents. We expect our incremental, excess costs due to COVID-19 to continue to grow through the remainder of 2020 and into 2021 with little, if any, potential for additional coronavirus pandemic funding expected from federal or state sources.

We thank you for discussing this matter with us. If you require any additional information, please feel free to contact me directly at LKeithahn@healtheast.org or cell or pager at (651) 983-1657. Andy McCoy at AMCCOY2@Fairview.org and Mary Edwards at MEDWARD1@Fairview.org may also be reached for questions.

We thank you for working with us and are available to provide additional information or discuss our request further. We cherish our long-standing partnership in serving the community and hope to continue to be able to do so, now and into the future.

With kindest regards, I am

Sincerely yours,



Laura Keithahn
VP Hospital Operations

cc: Town Board Chair Ed Prudhon

Patti Walstad

From: Pat Christopherson
Sent: Friday, October 9, 2020 11:41 AM
To: Patti Walstad
Subject: FW: Cares funding request
Attachments: White Bear Township Cares Act.pdf

Final one!
Should be 5 total

PC

From: Mike Greenbaum <mikeg@newtrax.org>
Sent: Friday, October 9, 2020 11:16 AM
To: Pat Christopherson <Pat.Christopherson@whitebeartownship.org>
Subject: Cares funding request

Caution: This email originated outside our organization; please use caution.

Pat, I have attached our request. Thanks so much for the help and please feel free to ask any additional questions you may have?

Mike Greenbaum
Executive Director
Newtrax, Inc.
651-846-9301





Business Relief During COVID-19 APPLICANT DATA

Newtran, Inc. 651-846-9301
Name of Business Phone Number (include area code)

3700 Hwy 61 N WBL, MN 55110
Business Address City, State, Zip

N/A - non profit 651-789-6221
Name of Owner(s) Phone Number (include area code)

3700 Hwy 61 N #100 WBL, MN 55110
Home Address City, State, Zip

Mike@newtran.org 1/7/2011
Email Address Date Business was Established

Non profit transportation specializing in seniors + people with disabilities
Description of Business

50
Number of Full Time Equivalents (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.

Mike Greenbaum Executive Director
Print Name Title

[Signature] 10/9/20
Signature Date

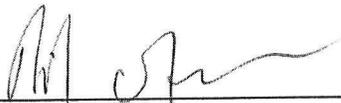
***To determine FTEs, add the total hours worked by all employees in 2019 (full and part time) and divide by 2080.

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

10/9/20

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.



Proposal for Local Meal Delivery Program with Area Restaurants

On March 17th, Newtrax normal operations of group transportation for people with disabilities and seniors were temporarily suspended as our services for the most vulnerable came to a halt. Since that time we have worked hard to see how we can use our assets to help distribute food to those currently in need. We are now looking to have a bigger impact on our immediate community by addressing food insecurity in our senior communities and with local families in need. We are developing an innovative program in partnership with our local civic service organizations to address this critical need.

Newtrax is coordinating efforts to provide meals to seniors with a food security gap and also assist local restaurants which have been hurt tremendously during this pandemic. Newtrax will purchase and deliver meals with the assistance of local volunteers from the White Bear Lake Area Rotary Club who would also perform wellness checks and provide social interaction for those that would like the extra services. In addition to addressing food insecurity, this innovative project will assist both the restaurants and Newtrax in their efforts to bring their employees back to work and help the community. Due to Newtrax unique ability to provide the needed transportation and relationships in the community, we were able to kick off this project in late August. We are collaborating with area municipalities and neighborhoods to help identify the food insecurity gaps in our area. The coordinated process involves a planning process with approximately 30 locally owned restaurants and with over 15 area senior community buildings and management teams (Independent Living, Low Income Housing). This led to working with local school districts to send out letters to free and reduced meal families to identify families in need to meals as well to expand this program. As this program continues to develop we will be able to identify even more food insecurity needs because of the connections being made with municipalities and the word of mouth this will create.

This senior project has been funded for a pilot through grants from Vadnais Heights Area Community Foundation and White Bear Area Community Foundation and followed up by funding by the cities of White Bear Lake, Mahtomedi, and Vadnais Heights as well as the White Bear Education Foundation.

The requested funding will help cover the cost of meals, the transportation expenses to distribute those meals and the administrative time to organize and deploy this program. We have requested additional funding from other sources for this cause and ask that you consider contributing. The City of White Bear Lake and Mahtomedi have made contributions through their CARES Act funding and we would appreciate anything that you may be able to contribute?

Newtrax' regular transportation of people with disabilities has been increasing since August but only to a level to provide 25-30 hours a week for approximately 35 drivers. Being able to add food deliveries during down times of the day will assist Newtrax to get drivers closer to their normal full time hours while addressing critical food insecurity within our communities.

We have developed a budget that provides a very reasonable cost for a meal but also provide a benefit to the restaurant. It will provide them with a fresh, healthy, restaurant quality meal at a cost

Our mission is to increase the potential of each member organization to advance their charitable mission more effectively and with greater efficiency

that is below market but still provides local restaurants some semblance of financial benefit by purchasing a bulk quantity with advance notice that supports them during these difficult times. The total cost will be \$10/meal (\$8.50 going directly to the local restaurants) to cover both the cost to the restaurant, delivery, and administration of the program.

Since the mid-March period of Covid-19 where we had to navigate into a new level of service opportunities, we have worked hard to see how we can use our assets to help distribute food to those currently in need. We have connected with local, county, state officials, and private organizations to assist in these efforts and have delivered over 550,000 meals in the last 18 weeks through a partnership with a local food shelf (Loaves and Fishes) to 28 YMCA locations in the Twin Cities who in turn distribute the food. In addition, we are working with another nonprofit, Humanity Alliance, where we are providing transportation of meals (over 6,000 delivered over a 4 week period) after distressed food has been reclaimed and then highly nutritious meals are created in professional food service kitchens. We helped to distribute these meals to high areas of need both to within the Twin Cities Metro Area and also to greater parts of Minnesota. Because of our bus and driver capacities, we will be able to provide these quick delivery methods on a daily/weekly basis where and when needed. The Humanity Alliance program is gearing towards year round service.

Thank you for your Consideration!

A handwritten signature in black ink, appearing to read 'Mike Greenbaum', with a long, sweeping horizontal stroke extending to the right.

Mike Greenbaum, Executive Director
Newtrax, Inc.

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Newtrax, Inc.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 3700 Highway 61 N, #100
6 City, state, and ZIP code White Bear Lake, MN 55110
7 List account number(s) here (optional)
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
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2	7	-	4	4	7	6	0	8	7			

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶ 9/30/20

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



**EDAB Meeting
October 13, 2020**

Agenda Number: 5

Subject: Stable Property - Update

Documentation: None

Action / Motion for Consideration:

Report at Meeting

**Minutes
EDAB Meeting
August 17, 2020**

STABLE PROPERTY – BIDDING UPDATE: The Town Clerk reported that zero bids came in. Staff has been in touch with a few who have given interest in the past and they didn't state 'why', they simply stated that they didn't bid. There was some speculation that maybe the election year has something to do with the non-response. So the Clerk went over some options the Town has now: can sit on the property for a while because it isn't much of a financial or resources burden; or the Town can reach out to folks in the community, like real estate marketers or developers, for some advice on how the Town could better develop and market the property; they could also change the use easement and sell the lot as 2, 3-acre lots for single family homes. There was discussion on each of these options. There was discussion on the timing. It was noted that if the Town sold the lots as the 2 larger lots, it would be a private sale, versus selling to a developer, so TIF would not be a factor. However, the TIF countdown hasn't started because the blighted buildings remain. There was discussion on the timing of removing those buildings, noting spring next year, they should come down for safety reasons. There was consensus that Town staff will work on gaining input from the community and will have more to update at the next meeting or in the fall with what the Town should do.



EDAB Meeting October 13, 2020

Agenda Number: 6

Subject: **November/December Meeting Dates – Change or Cancel:**
November – Veterans Day
December – Annual Budget Meeting

Documentation: None

Action / Motion for Consideration:

Report at Meeting

NOVEMBER 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10 X	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Printable Calendars by beta.calendarlabs.com

DECEMBER 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10 X	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Printable Calendars by beta.calendarlabs.com



**EDAB Meeting
October 13, 2020**

Agenda Number: 7 – 8 - 9

Subject: Added Agenda Items
Receipt of Agenda Materials / Supplements
Adjournment

Action / Motion for Consideration:

Receive Added Agenda Items

Receive All Agenda Materials & Supplements for Today's Meeting

Adjourn Meeting