Waseca County, Cities and Townships have received Federal CARES Act Funds through the State of Minnesota for the purpose of providing business assistance grants to for-profit and non-profit businesses negatively impacted by the COVID Pandemic. Examples of negative impacts are mandatory shut downs or restrictions leading to lack of business or revenue as a result of the Pandemic, purchase of personal protection equipment, additional cleaning materials or barriers to mitigate transmission of the COVID-19 virus and others. To date, many of the Waseca County local government entities (Waseca County, City of Waseca and several Townships), hereinafter referred to as “Grantor”, have chosen to participate in the establishment of a grant-funding pool totaling nearly $1 Million to help stimulate the Waseca County community and the small business and non-profits that are the lifeblood of it.

Due to the restrictions placed on local government entities receipt of the CARES Act funds, eligible expenses reimbursable by this grant must comply with all Federal and State Guidelines. Reimbursement will be only for eligible expenses.

To be eligible for the Community COVID-19 Small Business and Non-Profit Relief Grant, applying organizations must have a physical location in Waseca County, be in operation as of December 31\(^{st}\), 2019 and be currently open for business with one or more full time employee, which can be the business owner. All organizations must have an operating presence with Waseca County.

Applying organizations must be current on their property taxes through 2019 or any other obligations to Waseca County.

Organizations must submit a full application with signatures and complete and submit all required disclosures in Section 4 to determine funding of their grant request.

Expenses that are listed in the Expense Reimbursement Worksheet in Section 4 must not have been reimbursed by or purchased by other Federal COVID Relief Funds such as the Payroll Protection Program (PPP) Loan. To clarify, receipt of PPP dollars does not disqualify an applicant, but payroll costs cannot be covered for the same time period as were covered by the PPP program.

Applicant agrees that by signing and submitting the Community COVID-19 Small Business and Non-Profit Relief Grant application they will be subject to a random audit by Grantor for accuracy in expenses, demonstration of applicant loss or any other statements or information requested.

If it is determined that false or misleading information is provided on the Community COVID-19 Small Business and Non-Profit Relief Grant Application, the applicant will be required to repay Grantor the entire grant amount.

The maximum grant amount is $15,000.00 and minimum grant amount is $3,000.00, based upon request. Grants will be awarded on a first come first serve basis. Organizations may be prioritized based upon impact. Applications will be made available on **August 3, 2020**. Eligible applications
will be funded in order of receipt based on email receipt date, post mark date or date stamp of in-person delivery.

First review of applications will occur on **August 10, 2020**. Grants will be awarded at least bi-weekly and continue to be awarded until all funds are expended. Applications will be considered if emailed, postmarked or delivered in-person by **5:00 PM, Wednesday, September 30, 2020**.

If additional funding becomes available at a later date, eligible but non-funded applications will be given first priority.

Grant applications will be available on the Waseca County website, the City of Waseca website and the Waseca Chamber of Commerce website.

Grantor has selected the Waseca Area Chamber of Commerce to act as its program administrator for initial review and follow-up of all grant applications. If follow-up information is requested by the program administrator, applicants should respond within 5 business days to keep their place in the application queue. Grantor reserves the right to reject or modify any application, or portions thereof, it feels does not meet the guidelines or application process requirements or if more information is deemed necessary to make a final determination.

**For any questions or clarifications, please contact Ann Fitch, Executive Director, at the Waseca Area Chamber of Commerce. She can be reached by phone at 507-835-3260 or by email at ann@wasecachamber.com.**

**To continue to uphold social distancing guidelines, electronic submittals of applications are preferred. Electronic submittals should be sent via email to ann@wasecachamber.com.**

**Mailed submittals should be sent to:**
Relief Grant Application, c/o Waseca Chamber of Commerce  
210 North State Street  
Waseca, MN 56093

**In-person deliveries should use the above-referenced address.**
Section 1 - Eligible Participant Criteria

To provide emergency assistance to small local businesses and non-profits in Waseca County adversely impacted by the COVID-19 pandemic, the Waseca County Small Business and Non-Profit Relief Fund will provide grants of up to $15,000 to small businesses and non-profits most in need of support.

Eligible Organizations:
- For-profit corporation, partnership, LLC, or sole proprietor that can demonstrate their business was directly and adversely affected by COVID-19 economic impact. The impact must be equivalent to at least a 25% reduction in sales or revenues (Reduction shall be calculated off either the prior year 2019 annualized monthly sales, or current month to same month prior year sales).
- Non-Profit or Not-for-Profit organizations that can demonstrate that their organization was directly or adversely affected by COVID-19 economic impact. The impact must be equivalent to at least a 25% reduction in contributions, support, subscriptions or revenues (reduction shall be calculated off either the prior year 2019 annualized monthly contributions, support, subscriptions or revenues, or March 2020 – May 2020 funding sources as compared to the same months in the previous year).
- Organizations must have an operating presence within Waseca County.
- Organizations with 35 or less employees, calculated on a Full Time Equivalent basis. For the purpose of this program, Full Time Equivalent will be equal to at least 32 hours per week. Sole proprietors are eligible, please see “terms of the funding” for more information.
- Organizations that have been in operation since December 31, 2019; Operating means showing some source of revenue as verified by financial statements or bank deposit records.
- Organizations must be active at the Secretary of State as of the time of application.
- Organizations able to demonstrate a direct and adverse effect by COVID-19 economic impact.

Ineligible Organizations:
- Organizations who have qualified for traditional bank financing sufficient to meet their needs.
- Organizations that do not meet the above criteria of “Eligible Organizations.”
- Organizations that began operations after December 31, 2019.

Section 2 – Fund Priorities and Terms

Fund Priorities:
The fund will give priority to businesses forced to shut down normal operations due to Governor Walz’s Executive Orders, including but not limited to:
- Sit-down restaurants
- Bars and pubs
- Salons and spas
- Fitness centers
- Small retail businesses
- Tourist-related small businesses
- Non-Profits and Not-For-Profits

Grant funds can be used for:
- Rent or mortgage payments
- Utilities payments
- Other capital or operational costs/losses demonstrated as a direct result of the COVID-19 pandemic such as inventory
- Payroll for current employees
Grant funds can NOT be used for:
- Purchasing of machinery or vehicles
- Moving expenses or land acquisition
- Payment of property taxes

Terms of the Funding:
Minimum and maximum funding levels are based on the number of full time equivalent (FTE) employees as of March 1, 2020. Full time for the purposes of this application will be any employee that works at least 32 hours per week. For those working less than 32, divide the number of hours by 32 to calculate FTE (i.e. 24 hours per week/32 = .75 FTE).
- Businesses and non-profits will receive $1,000 per FTE with a minimum of $3,000 and maximum of $15,000. If FTE is not a whole number, funding will round up to the nearest $1,000 (i.e. FTE of 3.3 will receive $4,000). Sole proprietors with no employees are eligible to receive $3,000.
- No origination fee will be charged.

Section 3 – Applicant Information

Legal Name of Business: _________________________________________________
Business City: __________________________________________________________
Business State: _________________________________________________________
Business Zip: ___________________________________________________________
First Name of person completing grant application: _________________________
Last Name of person completing grant application: _________________________
Title/Position of person completing grant application: _______________________
Phone Number: _________________________________________________________
Email Address: _________________________________________________________

Legal Structure:
___ Corporation For-Profit
___ Limited Liability Company (LLC)
___ Partnership
___ Cooperative
___ Sole Proprietor
___ Non-Profit
___ Other: _________________________

Number of Full Time Equivalent employees as of March 1, 2020: _________
Section 4 – Grant Request and Required Documentation

Grants are available up to $15,000 based upon above criteria and evidence of unreimbursed business loss due to COVID-19.

Grant amount requested ($)___________________

Required Documentation:
- A signed and completed Grant Application Form.
- April 2020 monthly profit and loss statement or other report of revenue for the month to verify decrease was at least 25% over average monthly revenue as compared to 2019 (or since business start if operating less than 12 months).
- Prepared 2019 financial statements or tax returns, if available. If not available, company prepared profit-and-loss statement (income and expense statement) and balance sheet for 2019 (or since the business start, if operating less than 12 months).
- March 1, 2020 Payroll Information verifying amount of employees and hours worked to verify number of Full Time Equivalent employees for loan amount determination.
- Entity documents including Articles of Organization, bylaws, or other means to verify the authorized signers.
- A One-page explanation that describes in detail the direct and indirect ways that COVID-19 has impacted your revenue to-date, your projected revenue and/or how COVID-19 has directly increased costs for your organization.
- A one-page Expense Reimbursement Worksheet itemizing specifically what the grant funds requested will be used for.

Applicant must submit completed application and all attachments prior to grant committee review. Applications will not be reviewed until all information is submitted. The Grantor reserves the right to reject any application.

Following approval, the applicant shall be notified of grant award amount and will be paid via check from the Grantor(s).

Application and all accompanying documents are considered confidential by the Grantor, but are subject to Minnesota Data Practices laws and the Freedom of Information Act.

Section 5 - 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 (Check which applies)
Grantor Review and Applicant Acknowledgement:

Applicant acknowledges that they are making application for a Grant, and that the Grantor 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. The Grantor reserve the right to verify whether duplicate applications were submitted, and to eliminate duplicate applications from consideration, in Waseca 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 the Grantor in its decision to award such grant. The Grantor is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein. The Applicant will promptly notify the Grantor 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 organization’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.

The Applicant acknowledges that grant recipients of the Community COVID-19 Small Business and Non-Profit Relief Grant may be designated as a sub-recipient under federal uniform grant guidelines and are subject to compliance testing for assessing risk and eligible use of funds.

I hereby make application to the Community COVID-19 Small Business and Non-Profit Relief Fund. I acknowledge that this involves public dollars and I certify that I am eligible. I further acknowledge my application, and all accompanying documentation, is true and accurate. I further acknowledge that I understand that Minnesota Data Practices laws and the Freedom of Information Act apply to this application and any grant agreement I may sign under it. I further acknowledge and agree that funds discovered to be used in a manner inconsistent or ineligible within the confines of this application or rules established by the US Treasury in conjunction with the CARES Act, are subject to payback to Grantor or the Federal Government.

Dated: ________________

By: ________________________________

(Printed Name)

By: ________________________________

(Signature)