



## Itasca Non-Profit Grant Program

- *Applications will only be accepted Tuesday, September 15<sup>th</sup> through Thursday, September 17<sup>th</sup>.*
- *Application must be entered into the online portal provided on IEDC Website.*
- *If you are unable to complete the application online, during the window provided, please contact IEDC to assist you in your application process.*
- *Only complete applications will be considered.*
- ***This paper application is available for reference only. It is provided to help you prepare the necessary information for when the online portal is available.***

### PERSONAL CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

#### Optional:

Gender: (Dropdown)

Race: (Dropdown)

Ethnicity: (Dropdown)

Veteran: (Dropdown)

Disability: (Dropdown)

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Type: (grocery, artist, hospitality, retail, child care services, etc.): \_\_\_\_\_

Business Address Line 1: \_\_\_\_\_

Business Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Website

Business Facebook Page

Business LinkedIn Page

Business Instagram Page

Business Twitter Page

**What is your business organization type?**

**Are you registered as a business with the State of Minnesota?**

Yes No

What is your business license number?

**Do you have a Business Tax ID? Yes No**

What is your Business Tax ID:



**Is your business a non-profit organization?**

If yes, your EIN#

What type of non-profit are you? (example: 501c3, 501c6, 501c8, etc.)

Are you a financial institution?

Are you a religious organization?

**What is your service area? (Itasca County, region, local, etc.)**

**COVID-19 IMPACT INFORMATION**

**What are the impacts to your business? (Check all that apply)**

- Business closure
- Reduced hours of operation
- Employee layoffs
- Revenue decline
- Increased operating costs (e.g. employee paid leave)
- Access to capital to address increased costs
- Inability to respond to home-delivery requests
- Interrupted supply/delivery
- Employee absenteeism
- Inability to serve customers
- Decreased customers

Other: \_\_\_\_\_

**What was your number of full-time equivalent (FTE) employees as of March 1, 2020 (before COVID-19):**

**What is your number of full-time equivalent (FTE) employees as of today (during COVID-19):**

**Share with us detailed information regarding your reasoning for a grant request.**

Describe how your business has been negatively affected by the disaster and what your needs are:

**Have you applied for, and/or received: (Check boxes – two columns: Applied, Received Funds)**

Paycheck Protection Program (PPP), DEED Grant, Grand Rapids Grant, City of Cohasset Grant, other COVID-19 Grants

**What was your total business revenue for the following ranges of dates? If the business started after May 31<sup>st</sup>, 2019, indicate 0 for 2019 revenues.**

Total Revenue March 1 to June 30 in 2019

Total Expenses March 1 to June 30 in 2019

Total Revenue March 1 to June 30 in 2020

Total Expenses March 1 to June 30 in 2020

**What changes have you made to your business to stay viable during the pandemic?**

**APPLICATION SUBMISSION**

*By submitting this application, the applicant business is committed to the following:*

1. A commitment that it will remain open or reopen the business in the present or nearby community.

On behalf of the undersigned individually and for the applicant business: I declare that the information in this application is accurate, and I will agree to provide additional financial verification, if requested. I hereby affirm that all statements in this application are true and correct.

**I acknowledge that Itasca Economic Development Corporation has the right to accept or deny any application based on available funding and Itasca County’s mission and objectives.**

\_\_\_\_\_  
Applicant’s Full Name

\_\_\_\_\_  
Applicant’s Title, if applicable

\_\_\_\_\_  
Date