LINCOLN COUNTY CARES Relief Fund Grant Application for Non-Profit Organizations

APPLICANT INFORMATION

Legal Name of the Non-profit Organization, including assumed name, if any:

| □ 501 (c)(3) | □ 501 (c)(6) | | ☐ Other: | |
|--|---------------------|-----------------|--|-------------------------------------|
| Length of Time in Operation | Years | Months | Fed Tax Id# | MN State ID |
| Mailing Address | | | City | Zip |
| Location Address | | | City | Township |
| Business Phone | () | | Cell Phone | () |
| E-Mail Address | | | Web Address | |
| Contact Name | | | Title | |
| Amount of Funding Requested | \$ | | The FTE number of employees: Number of volunteers: Annual average number of people served: | |
| What is the purpose/mission of | his non-profit org | janization? | | |
| | | | | |
| What is the impact that the COV loss of revenue, inability to serv | | | | our non-profit organization? (i.e.; |
| What additional need(s), if any, it COVID-19 and related orders? | nas this non-profit | t addressed for | individuals and/or for th | ne community as a result of |
| How will the funds be used? | | | | |
| Please check all funding source Please check all funding source | | Federal PPP | Federal EIDL Federal EIDL | MN SBEL MN SBRG MN SBEL MN SBRG |

Funding Information

- Eligible applicants may request up to \$10,000 in Grant assistance based upon need. Actual grant award will be based on number of people served and urgency of needs addressed.
- Applications will be considered and acted on by the Lincoln County Board of Commissioners.
- The grant application will be considered public information for auditing purposes only. The attachments will be considered private data.

Eligible Applicants

- Non-profit organizations that can demonstrate revenue loss or an increase in demand for services due to COVID-19 or can make an impact for individuals or the community in response to COVID-19 and related issues.
- Non-profits with 50 or less employees as of March 1, 2020. For the purpose of this program, a Full Time Equivalent will be equal to 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) Employees for this grant program may be either W-2 employees or independent contractors.
- All eligible applicants must have a physical, whether owned or leased, location in Lincoln County and serve the residents of Lincoln County.
- All eligible applicants must be in good standing with Lincoln County.
- All eligible applicants must be registered with the Minnesota Secretary of State and have been operating since March 1, 2020.
- Non-profits must not claim expenses submitted for CARES Relief funding from Lincoln County that are covered under any other Local, State, or Federal grant/relief funding.

Ineligible Applicants

- Religious organizations without a social services component.
- A separate application process will be applicable to for-profit businesses.

Eligible Uses of Program Grant Funds:

- Costs of business interruption caused by required closure due to COVID-19
- Rents and utility costs during the period of emergency order.
- Costs incurred during reopening process
- Costs for the purchase of items meant to protect the public and employees, such as protective masks and hand sanitizer, and other costs incurred by installing required safety measures in order to reopen a business
- Costs incurred for building modifications due to COVID-19
- Costs for marketing of safe business practices
- Other Expenditures related to the cost of business interruption caused by COVID-19
- Costs for assisting client or providing services in response to COVID-19

Application Requirements

- The CARES Relief Fund Grant application must be completed in its entirety by the applicant and submitted to the Lincoln County Auditor-Treasurer Department or submitted electronically to Krichmond@co.lincoln.mn.us by October 1, 2020, in order to be considered.
- A copy of the IRS non-profit determination letter.
- The most recent federal 990 tax return filed by the business.
- Income statements for the same quarter of 2019 and the quarter of 2020 where the loss occurred.
- A copy of current filing with the Minnesota Secretary of State Office.

- Support for employment numbers with forms such as Form 941 or other payroll-related filing with state or feds
- Other items as requested by the review committee.
- Grant recipients agree to submit the Eligible Expense Worksheet, documenting how funds were spent by October 1, 2020, returned with the application.
- Any unused funds or funds that the County deems used for ineligible costs must be returned to Lincoln County by November 15, 2020.

GRANT PROGRAM POLICY AUTHORIZATION FOR RELEASE OF INFORMATION

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. Lincoln County has the right to verify any information contained in this application and may contact any individuals and institutions involved with the proposed project.

| Signature/Title of Applicant: | Date: |
|--|--|
| Signature/Title of Applicant: | Date: |
| The Lincoln County Board of Commissioners retains fi | nal authority to determine if a non-profit |

For questions, call 507-694-1429 or email Krichmond@co.lincoln.mn.us

organization is eligible or not, and whether to approve a grant or not.

Lincoln County

CPR – CARES Pandemic Relief Grant Eligible Expense Reporting Form

| Name of Business: | |
|---|---|
| Total Grant Amoun | t Awarded: |
| Complete the table b | pelow for eligible costs incurred between March 1, 2020 and September 15, 2020. All amounts entered must be able to be substantiated |
| by a valid receipt or i 1429 or Krichmond@ | nvoice, please include those when submitting. If there are any unused grant funds, return to Lincoln Coutny. For questions, call 507-694- co.lincoln.mn.us |
| Eligible Uses of P | rogram Grant Funds : |
| • | Costs of business interruption caused by required closure due to COVID-19 |
| • | Rents and utility costs for the business that show a loss |
| • | Costs incurred during reopening process |
| • | Costs for the purchase of items meant to protect the public and employees, such as protective masks and hand sanitizer, |
| | and other costs incurred by installing required safety measures in order to reopen a business |
| • | Costs incurred for building modifications due to COVID-19 |
| • | Costs for marketing of safe business practices |
| • | Other Expanditures related to the cost of husiness interruption caused by COVID-19 |

THIS EXPENSE REPORT FORM IS DUE NO LATER THAN SEPTEMBER 15, 2020.

| Vendor | Description of Expense | Date of Expense | Amount |
|----------------------|------------------------|---|--|
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| TOTAL ELIGIBLE COSTS | S INCURRED: | | \$ - |