



BELTRAMI COUNTY COVID-19 BUSINESS RELIEF FUND APPLICATION FORM

Program Information: All grants made are for the purpose of covering COVID-related business expenses incurred between March 1, 2020 and November 15, 2020.

Eligibility Notes: All applicants must operate within Beltrami County and its owner(s) must live within the Beltrami County. Only applicants that show a decline in sales as a result of COVID-19 and incurred/will incur documentable COVID-related expenses will be considered.

Amount Requested \$ _____

Applicant Information

Business Legal Name: _____

Business Operating Name (if different): _____

Business Contact Name / Title: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Mailing Address (if different): _____

Employee Count - Total full-time equivalents (FTE), (owners may be included) _____

Business Ownership – Provide name and ownership percentage of each owner who holds at least 20% ownership:

Legal Name	Ownership %

Business Description (include product/industry): _____

Month/Year Operations Began: _____

COVID-19 Impact

Briefly explain how the business was impacted by COVID-19 pandemic:

Revenues from January 1, 2019 to June 30, 2019: \$ _____

Estimated revenues from January 1, 2020 through June 30, 2020: \$ _____

Was your business closed for a period of time during the pandemic?

List other COVID-related funding (grants or loans) received to-date:

Program	Amount	Grant/Loan
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Required documentation Information

Please submit documentation of the COVID-related expenses incurred to-date and/or anticipated to be incurred before November 15, 2020. In addition, complete the attached *Summary of COVID Expenses*. Greater Bemidji reserves the right to request additional documentation and financial information to assure your eligibility.

BUSINESS CERTIFICATION:

I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name/Title of Authorized Business Representative

_____ Date: _____

Signature of Authorized Business Representative

Please email completed applications to tfettig@greaterbemidji.com or dhengel@greaterbemidji.com or mail/drop off at Greater Bemidji, Inc. 102 1st Street West, Suite 101, Bemidji, MN 56601

SUMMARY OF COVID EXPENSES

Such expenses may include:

- Expenses for safety measures undertaken in response to COVID-19 for employees and customers, such as:
 - i. Personal protective equipment
 - ii. Social distancing equipment and/or improvements
 - iii. COVID-related signage
 - iv. Cleaning supplies
- Marketing materials/efforts due to COVID (examples: updates to website, addition of ecommerce or online ordering, or radio ads announcing re-opening).
- Expenses for paid sick and paid family and medical leave to employees to enable compliance with COVID-19 public health precautions.
- Expenses to improve telework capabilities for employees to enable compliance with COVID-19 public health precautions
- Other documented measures taken to adhere to the CDC guidelines for safety of employees and customers.

All expenses must have documentation to be claimed. Greater Bemidji will be determining valid expenses in accordance with Beltrami County and CARES Act guidelines. Funds are limited and submitting an application is no guarantee of funding.

Date Incurred	Evidenced by (Receipt, check, invoice, payroll rec)	Description	\$ Amount
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