



# Local Governments of Nobles County CARES Act Assistance Grant Program Application

*Nobles County, Cities and Townships*

## **APPLICATION PROCEDURES**

The Local Governments of Nobles County CARES Act Assistance Grant Program provides grant funds to: 1) small (50 FTEs or less) private for-profit businesses; 2) home-based businesses that have a separate tax I.D. (than owner); or 3) non-profit agencies whose operations have been disrupted by the COVID-19 pandemic. This program is available for those entities within Nobles County. Grant funds will be used for working capital to support payroll expenses, rent or mortgage payments, utility bills, and other eligible expenses that occur, or have occurred, since March 1, 2020. Capital expenses are not eligible for this program. All funds must be used exclusively for operations of the organization located at the physical address listed on the application.

To be eligible for Local Governments of Nobles County CARES Act Assistance Grant Program funds, the owner/director must submit a completed application to the City of Worthington, PO Box 279, Worthington, MN 56187 (or electronically to [GApplication@ci.worthington.mn.us](mailto:GApplication@ci.worthington.mn.us)) no later than 5pm CST on October 16, 2020. The application must include:

- A completed official application form
- An affidavit affirming the business/non-profit is eligible and funds will be used for eligible expenses signed by the owner(s)/director(s) of more than 50% of the organization. Extra affidavit forms can be attached for eligible entities with multiple owners/directors
- Business Verification: Physical-location businesses/non-profits will be required to submit a copy of the Secretary of State filing for that entity. Home-based businesses are required to submit a Schedule C, Schedule C EZ, or sales tax filing from 2019
- A completed and signed W-9 form for the organization

## **AWARD PROCESS**

After 5:00pm CST on October 16, 2020, applications will no longer be accepted. Those applicants that are determined to be ineligible will receive a letter informing them of their status. All eligible businesses will be awarded funds according to the following criteria:

- Tier 1: Businesses that have 0 - 5 FTEs will be eligible for grants of up to \$7,500
- Tier 2: Businesses that have 6 - 24 FTEs will be eligible for grants of up to \$11,250
- Tier 3: Businesses that have 25 - 50 FTEs will be eligible for grants of up to \$15,000
- Tier 4: Home-based businesses (50 FTEs or less) will be eligible for grants of up to \$2,500
- Tier 5: Non-Profit businesses (50 FTEs or less) will be eligible for grants of up to \$2,500

Once funding amounts have been determined, the program administrator will disburse funds to the grant recipients at the mailing address listed on the application form. Program audits will be subsequently performed, at random, to verify eligibility of businesses/organizations who have been awarded funds. Businesses/organizations who are subsequently determined to be ineligible for the Local Governments of Nobles County CARES Act Assistance Grant Program will be required to return the entire grant funds to the grant administrator. This includes; if it is determined that the business was not, in fact, "eligible", or if any false information was provided, or if pertinent information was omitted from the application for the grant.

## APPLICANT INFORMATION

1. Who owns the business or who is the director/chair of the non-profit organization?

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2. What is the name and physical address of this business/organization?

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3. What is the mailing address for this business/organization?

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4. How many full-time equivalent employees (FTE) does this business/organization have?

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5. Requested grant amount (see page 1 for more information)

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6. Do you have the applicable business/non-profit verification? (A copy of this registration **must** be included with your application. See page 1 for acceptable verification forms.)

Yes / No

7. Is the business/organization current on both property tax and sales & use tax payments with: the State of Minnesota, Nobles County, and the applicable city/township?

Yes / No

8. Has the business/organization experienced financial hardship as defined by 10% revenue loss, due to COVID-19; comparing 3/1/19 – 5/31/19 activity to 3/1/20 – 5/31/20?

Yes / No

9. Was the business/organization restricted from operating above 50% capacity by COVID-19 executive orders thus limiting business'/organization's operations or income?

Yes / No

10. Is this a home-based business? (See the program guidelines for more information on classification of home-based businesses.)

Yes / No

11. Is this a not-for-profit organization?

Yes / No

AFFIDAVIT

STATE OF MINNESOTA )  
 ) ss.  
COUNTY OF NOBLES )

\_\_\_\_\_, being duly sworn on oath, deposes and states;

1. I am the owner/director of \_\_\_\_\_, a business/non-profit situated in Nobles County, Minnesota and am submitting this affidavit in connection with my application for a Small Business Assistance Grant, home-based business grant, or non-profit grant.

2. I have fully submitted the application information required by Nobles County in regards to my business/non-profit qualifying for the applicable Grant. The submitted grant application is true and correct and no pertinent application information regarding has been omitted.

3. My business is/was impacted by the COVID-19 pandemic in that my business/non-profit has experienced a “financial hardship”. This means that my business/non-profit has experienced a 10% decrease (or more) in its gross revenues between March 1, 2019 and May 31, 2019 comparatively to March 1, 2020 and May 31, 2020; or it has been restricted from operating above 50% capacity by Executive Orders relating to COVID-19.

4. I understand and agree that, if requested by Nobles County or the City of Worthington EDA, I will provide my business/non-profit’s business records, which demonstrates the financial hardship experienced by the organization, and I will then return the entire amount of the grant if false information has been provided, or pertinent information has been omitted, regarding the financial hardship my business/non-profit has experienced due to the COVID-19 pandemic.

FURTHER YOUR AFFIANT SAYETH NOT

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Name of Business)

By: \_\_\_\_\_  
(Name of organization owner/director)

Its: \_\_\_\_\_  
(Title)

Subscribed and sworn to before me,  
a Notary Public, this \_\_\_\_\_ day of  
\_\_\_\_\_, 2020.

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