



**RED WING PORT AUTHORITY
 CARES RELIEF 911 GRANT PROGRAM - 2020**

Home-based Businesses	For-profit Businesses	Non-profit Organizations
\$4,000 Maximum Grant \$50,000 Initial Allocation	\$7,500 Maximum Grant \$100,000 Initial Allocation	\$7,500 Maximum Grant \$100,000 Initial Allocation

Program Information: \$250,000 is available to assist businesses or organizations that fall into one of the three categories shown above. Grants are provided for the purpose of building improvements/rehab, furniture/equipment, and working capital. Working capital costs may include current payroll obligations, lease or mortgage payments, inventory, and other working capital expenditures.

Eligibility: All applicants must be businesses or organizations located within the City of Red Wing that have been operating at least one year prior to this application. Applicants must demonstrate that they were adversely affected by COVID-19, including being an eligible business or organization identified in the attached program description. SEE ATTACHED PROGRAM DESCRIPTION FOR MORE INFORMATION.

The Port Authority may need to request additional information prior to making a final determination. This application is intended to assist the Port Authority in determining eligibility and financial need of the business or organization.

Applicant Information

Business/Org. Legal Name: _____

Business/Org. Operating Name (if different): _____

Street Address: _____

City: _____ Zip Code: _____

Mailing Address (if different): _____

Primary Contact Information:

Name: _____ Title: _____

Phone: _____ Email: _____

For-profit Business. Ownership – provide name and ownership percentage of each owner who holds at least 20% ownership:

Legal Name	Home Address	Ownership %

Legal Structure: Limited Liability Entity Corporation
 Sole Proprietorship Partnership

Non-profit Organization.

Legal Structure: ___ 501(c)(3) ___ 501(c)(6) ___ 501(c)(9)

Home-based Business? ___ Yes (attach information that verifies that at least 50% of total household income is derived from this home-based business)

Taxpayer ID or EIN or proof of State Non-profit status: _____

For-profit Business or Non-profit Organization Description (include product, programs, etc):

Month/Year Business or Organization Operation Began: _____

Grant: Total Amount Requested = \$ _____ (maximum: \$4,000 to home-based, or \$7,500 to for-profit / non-profit).

COVID-19 Impact:

Briefly explain how the business or organization has been impacted financially:

Briefly describe your plan for continued operations moving forward in 2021 as a business or organization:

On March 1, 2020:

Part-time employee's _____ # Full-time employee's _____

Current as of December 1, 2020:

Part-time employee's _____ # Full-time employee's _____

Estimated revenue loss due to COVID-19: \$ _____ avg. / month since 3/15/2020; or
\$ _____ total since 3/15/2020

List all other COVID-related funding assistance you have **received or applied for** that is from federal, state, regional or local sources (loans do not need to be listed; only grants or deferred loans); list any that may be pending as well.

1. _____
2. _____
3. _____
4. _____

Required Information to Include:

The following information needs to be included with your application:

- Most recent year financial statements
- Data Privacy / Business Certification (attached form)
- Conflict of Interest (attached form)
- Grant Program Spreadsheet Tool (attached form; encouraged to submit; not required)
- Home-based Business Income Verification (at least 50% of household income)

Application Process:

Applicant will first complete the application. The application will be reviewed to determine preliminary eligibility, financing needed. After examination of the application and discussion with the applicant, a meeting with the Red Wing Port Authority Finance Committee will be scheduled review the application with final approval being provided by the Red Wing Port Authority Board of Commissioners.

Staff at the Red Wing Port Authority are available to assist each borrower in the completion of the application package. Please contact Shari Chorney (see below).

Following approval, the applicant shall proceed with signing a grant agreement and/or other documents required for grant closing.

Submit Completed Application to:

Red Wing Port Authority
Attention: Shari Chorney, Port Authority Manager
419 Bush Street
Red Wing, MN 55066
Direct: (651) 385-3639
Email: shari.chorney@ci.red-wing.mn.us

DATE PRIVACY / BUSINESS CERTIFICATION

DATA PRIVACY ACKNOWLEDGEMENT:

Tennessee Warning Notice: per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for assistance from the Minnesota Department of Employment and Economic Development. You are not required to provide the requested information, but failure to do so may result in the department's inability to determine your eligibility for assistance. The data you provide that is classified as private or non-public and will not be shared without your permission except as specified in state and federal laws.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this Application is private or non-public data; this includes financial information about the business, including credit reports, financial statements, and net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116j.401 Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of business finance programs.

Business Certification:

Financial Assistance Certification: I hereby certify that the Red Wing Port Authority CARES Relief 911 Grant Program is necessary to due to direct and adverse effects related to COVID-19.

I have read the above statement and I agree to supply the information requested to the Red Wing Port Authority with full knowledge of the information provided herein. 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 or Organization Representative

Signature of Authorized

Date



CONFLICT OF INTEREST

1. List all concerns that are in any way affiliated with the Red Wing Port Authority, its officers, directors, or employees.

2. Does the Red Wing Port Authority buy from, sell to or use the services of the ultimate recipient or its officers, directors or employees? No ____ Yes ____ if yes, please list:

3. List below any names of Port Authority employees, directors or officers who are related by blood, marriage or adoption that have had any past direct or indirect financial interest with the ultimate recipient.

Name and Address

A. _____
Details of Relationship or Interest _____

B. _____
Details of Relationship or Interest _____

C. _____
Details of Relationship or Interest _____

Ultimate Recipient Signature

Date: _____