

Red Wing CARES Relief Grant Program Spreadsheet

Mar 15, 2020 through August 31

Projected September 1 through November 15, 2020

							(expected)	Total
Budgeted Revenue			\$ -				\$ -	\$ -
Actual Revenue			\$ -				\$ -	\$ -
Revenue Loss/Gain			\$ -				\$ -	\$ -
Please provide/submit documentation for the revenue loss/gain								
Expenses								
Rent/Mortgage			\$ -				\$ -	\$ -
Utilities			\$ -				\$ -	\$ -
All other expenses			\$ -				\$ -	\$ -
Total Expenses			\$ -				\$ -	\$ -
Please provide/submit documentation for the expenses								
Unbudgeted additional expenses as a direct result from COVID-19 (PPE, table/tent rental, partitions,								
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
			\$ -				\$ -	\$ -
Total unbudgeted COVID-19 expenses			\$ -				\$ -	\$ -
Please provide/submit documentation for the unbudgeted additional expenses directly related to COVID-19								
Assistance received to date								
Pandemic Unemployment Assistance (PUA)							\$ -	
SBA Payback Protection Plan (PPP)							\$ -	
SBA Economic Injury Disaster Loan (EIDL)							\$ -	
SBA Economic Injury Disaster Grant (EIDG)							\$ -	
State of Minnesota Small Business Emergency Loan (SBEL)							\$ -	
Other:							\$ -	
Total Assistance received							\$ -	

Tax Identification Number: _____

APPLICANT CERTIFICATION:

The applicant declares under penalty of perjury that this information and all accompanying documents are true and correct in every detail and accurately represents the financial condition of the applicant as of the date below. The Applicant will promptly notify Goodhue County and its agents of any subsequent changes which would affect the accuracy of this information and the information provided on all accompanying documents. The applicant understands that it is a crime to make a false representation as to their or their organization's financial ability for the purpose of securing a grant. Goodhue County and its agents reserve the right to verify any and all information. The applicant certifies that they have the authority to sign this application.

Signature

Printed Name

Date