



Andover Economic Development Authority Small Business Emergency Grant Application

Program Information: All grants awarded are for the purpose of working capital and intended to replace cash flow used for operating costs that existed at the time of the peacetime emergency declaration made through Executive Order 20-01. Such costs may include current payroll obligations, lease or mortgage payments, utilities, accounts payable, and other critical business expenses that can't be paid as a direct result of the current health emergency. This program is subject to applicable state and local peacetime emergency executive orders.

Objectives: The objective of the COVID-19 Emergency Grant Program is to deploy a local pool of funds to support local small businesses and non-profits in order to ensure viability as they move past the COVID-19 pandemic and seek to re-open or return to pre-pandemic operations. This may be accomplished by some or all of the following means:

- Provide needed finances to small businesses and non-profits within the community which have been negatively affected financially as a direct result of the COVID-19 pandemic;
- Ensure the viability of Andover businesses and non-profits moving past this crisis;
- Limiting the number of job losses as a direct result of the pandemic by assisting small businesses and non-profits in returning to their pre-pandemic employment levels;
- Limiting the number of small businesses and non-profits which would potentially permanently close due to COVID-19 pandemic impacts. Thereby also limiting the total number of potential vacancies in key commercial and industrial areas of the City.

Eligibility Notes: All applicants must be eligible businesses with physical operations located in the City of Andover that have been operating long enough to demonstrate financial viability. Applicants must demonstrate that they were directly and adversely affected by the COVID-19 related peacetime emergency Executive Orders 20-04 and 20-08, including being in an industry specifically named by those executive orders.

Please review and complete entire application prior to submittal. Please review COVID-19 Emergency Grant Program Policy prior to completion of the application. As part of this application you will find Minnesota State Statute §13.591, some data that was originally considered private would become public information if awarded a grant.

Applicant Information

1. Business legal name: _____

(Name should be the officially registered name of the business entity.)

Business operating name
(if different) _____

Type of Business: _____

NAICS Code (if available): _____

Business street address: _____

City: _____

State: _____

Zip Code: _____

Mailing address (if different): _____

City: _____

State: _____

Zip Code: _____

Telephone: _____ Email: _____

Business website: _____

2. Individual completing the application:

Name: _____

Title: _____
(Owner, Founder, CEO, General Manager, Partner, etc.)

Address: _____

Telephone: _____ Email: _____

3. Is your business registered with the Minnesota Secretary of State?

Yes No

4. Do you own the building where your business is located or have a lease for the space?

Own Lease

Applicants will need to provide a copy of a lease or statement of lease terms, mortgage statement, property tax statement, or other documentation to show site control within the city.

5. Business description (product, hours, customers, clients, number of locations, etc.), type (industry) and brief history of business:

6. What year did this business begin operating in Andover? _____

a. Does the business operate (have a physical presence) in another city?

Yes No

If yes, please specify other location(s): _____

7. Employment (please include all W-2 employees):

On March 1, 2020:

Full-time employees: _____ # Part-time employees: _____

Current:

Full-time employees: _____ # Part-time employees: _____

Financial Information

8. Annual gross revenue last year? \$ _____

9. Average monthly gross revenue prior to March 16th? \$ _____

10. Projected monthly gross revenue? \$ _____
(Average of next three months)

11. Estimated monthly gross revenue loss due to COVID-19: \$ _____

12. Insurance claims filed? Yes No Not Applicable

13. Evidence of submittal, acceptance, approval and/or denial of State and federal emergency financing program application. Has applicant applied for an Economic Injury Disaster Loan through the SBA and Small Business Emergency Loan through the Minnesota Department of Employment and Economic Development (DEED) and/ or other government financing prior to applying for this grant? Yes No

14. Evidence of submittal, acceptance, approval and/or denial of a grant opportunity through Anoka County. Has applicant applied for a grant through Anoka County?

- Yes No

Please explain below:

COVID-19 Impact

15. Was your business ordered to close or had to significantly reduce its operations by a State of Minnesota Emergency Executive Order in 2020?

- Yes No

16. Current operating status of business:

- open for business and/or operating online
- open for business but with reduced hours
- reduced operations and/or operating online
- closed but still operating onsite, online or remotely
- closed but products and or services redeployed to assist current health crisis
- completely closed
- Other: please explain current status of business if none of the above apply.

17. Briefly explain how the business has been impacted by COVID 19 health pandemic and/or related Executive Orders and what challenges it is facing.

18. What are your plans to reopen and/or resume operations following the COVID-19 crisis?

19. Grant amount requested _____

20. Please describe how you intend to use awarded grant funds to support your business during the COVID-19 crisis. Eligible expenses include current payroll obligations (i.e. may not include employees who have been laid off), lease or mortgage payments, utilities, accounts payable, and other critical business expenses that can't be paid as a direct result of the current health emergency. Please specify eligible expenses expected to be paid with funds. Include proposed expenses requested to be paid using total amount of grant. For example: Payroll – 2 employees, 2 weeks: \$3,000, May Rent - \$2,000.

21. Is there anything else that we should be aware of in relation to your application or business?

Preference for Receipt of Funds

Upon notification of any award of funds, how would you prefer to receive payment?

Please choose one of the following options:

- Option 1 – Check (allow 14 days for processing once application is approved and fully-executed grant agreement has been received)

Please provide payee name and mailing address:

Check payable to: _____

Mailing address: _____

- Option 2 – Wire Transfer/Direct Deposit

(allow 72 hours for processing once application is approved)

Please provide all bank information listed below:

Bank name: _____

Bank address: _____

Bank routing number (9 digits): _____

Account name: _____

Account address: _____

Checking account number: _____

Your contact phone number or e-mail for questions: _____

You can also contact our city finance department directly with this information by e-mail at L.Brezinka@andovermn.gov

Supporting Documents

The following documents must accompany an application for it to be deemed complete:

1. Evidence that you own or lease the space your business is located in. Example documentation includes: copy or statement of lease including terms, mortgage statement, property tax statement or other document to show proof of occupancy within City of Andover. This could also include photograph or web map street image of the business location with evidence of business signage, if applicable.
2. Proof of eligible expense requested to be paid with grant funds. This includes, but is not limited to, payroll, rent/mortgage/utility/ property tax statements, accounts payable, and other critical business expenses that can't be paid as a direct result of the current health emergency.
3. A W-9 Form (with signature).
4. Other supporting documentation deemed necessary by the EDA to assist in understanding the applicant's situation.

Grant Report

All grant recipients are required to submit a brief report to the Andover EDA 60 days after the date of the executed grant agreement, specifying how the entirety of the awarded grant funds were utilized. Grant Recipients will be required to provide substantially the following information:

Business name: _____

Business street address: _____

City: _____ State: _____ Zip Code: _____

Name and title of person completing form: _____

1. What was the total amount of grant you received? \$ _____

2. Did you utilize the funds as expected and stated in your application?

Yes

No, please explain

3. Please specify how grant funds were utilized. Include expenses and amounts up to total amount of grant. For example: Payroll – 2 employees, 2 weeks: \$3,000, May Rent - \$2,000.

4. Please describe benefits received from the awarded funds.

5. Briefly explain any ongoing business impacts from the COVID-19 pandemic:

Applicant Acknowledgements

1. The Applicant shall hold the Andover EDA, its officers, consultants, attorneys, and agents harmless from any and all claims arising from or in connection with the Grant Program or its Application, including but not limited to, any legal or actual violations of any State or Federal laws.
2. The Applicant recognizes and agrees that the Andover EDA retains absolute authority and discretion to decide whether or not to accept or deny any particular Grant Application, and that all expenditures, obligations, costs, fees, or liabilities incurred by the Applicant in connection with the Grant Application are incurred by the Applicant at its sole risk and expense.
3. The Applicant acknowledges that it has read the COVID-19 Emergency Grant Program guidelines and understands that if the application is approved for funding, grant funds awarded must only be used to pay eligible expenses.
4. **I have received and reviewed a copy of Minnesota State Statute §13.591 as part of this application and understand that some information submitted would be considered public information if awarded a Grant**
5. **Financial Assistance Certification:** I hereby certify that the Small Business Emergency Assistance is necessary due to direct and adverse effects related to Executive Orders 20-04 and 20-08.

The undersigned, a duly authorized representative of the Applicant, hereby certifies the foregoing information is true, correct, and complete as of the date hereof; and agrees that:

- All proceeds from the grant will be used for eligible business expenses under the COVID-19 Emergency Grant Program;
- Applicant will file a report with the Andover within 60-days after the date of the executed grant agreement stating how awarded funds were spent;
- Applicant shall be bound by all terms and provisions of the COVID-19 Emergency Grant Program.

Name/Title of Authorized Business Representative

Signature of Authorized Business Representative

Date