



## Murray County Small Business Relief Fund

To provide emergency assistance to small local businesses in Murray County adversely impacted by the COVID-19 pandemic, the Murray County Small Business Relief Fund will provide grants of up to \$5,000 to small businesses most in need of support. Application Forms will be accepted beginning August 19, 2020 through September 18, 2020 at 12:00 p.m.

Completed applications may be placed in the drop off box outside the courts building, or emailed to [SMcclellan@co.murray.mn.us](mailto:SMcclellan@co.murray.mn.us) or by mail to:

Murray County Administrator Office  
Attention: General Assistant  
PO Box 57  
Slayton, MN 56172

For eligibility and application questions contact County Administrator, Tom Burke, [TBurke@co.murray.mn.us](mailto:TBurke@co.murray.mn.us).

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Businesses must meet all of the following criteria as of March 1, 2020 to be eligible. A business owner's immigration status does not impact eligibility.

- GRANTEE is applicable if licensed and in good standing with the Minnesota Secretary of State and other regulatory entities;
- GRANTEE is current on property taxes that were ordinarily due and payable on or before May 15, 2020, or on a County-approved payment plan, if applicable; AND
- GRANTEE experienced significant loss in revenue since March 15, 2020, and incurred costs due to COVID19-related business interruption and required closures; or
- GRANTEE experienced business interruption due to (pick one):
  - GRANTEE closed by an executive order issued by the Minnesota Governor in response to COVID19
  - GRANTEE closed voluntarily to promote social distancing measures in response to COVID19 and/or suffered substantially decreased customer demand as a result of the COVID-19 public health emergency.

DO YOU MEET ALL ELIGIBILITY REQUIREMENTS LISTED ABOVE?

\_\_\_ Yes (Continue with application)

\_\_\_ No (Stop you will not be eligible to receive a grant)

Have you received any COVID-19 funding from another source? Yes      No

If yes: Grant/Loan Source: \_\_\_\_\_

Reason requested: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

## Section 2 - Applicant Information

Legal Name of Business: \_\_\_\_\_

Business City: \_\_\_\_\_

Business State: \_\_\_\_\_

Business Zip: \_\_\_\_\_

First Name of person completing grant application: \_\_\_\_\_

Last Name of person completing grant application: \_\_\_\_\_

Title/Position of person completing grant application: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Legal Structure:

Corporation For-Profit

Limited Liability Company (LLC)

Partnership

Cooperative

Sole Proprietor

Non-Profit Business

Other: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Please describe the direct and indirect ways that COVID-19 has impacted your revenue to-date and projected revenue, and/or how COVID-19 has directly increased costs for your business.

## Section 3 - Grant Request

Grants are available up to \$5,000 based upon evidence of unreimbursed business loss due to COVID-19.

Grant amount requested (\$) \_\_\_\_\_

## Section 4- Grant Requirements and Required Documentation

At the time of application, you are required to certify eligibility and loss. No documentation is required at this time. However, if the applicant is awarded funds, Applicant may be required to provide the following or forfeit the grant award:

Documentation of business revenue from 2019.

Documentation of reduced revenue during COVID-19 State of Emergency

Other Documentation necessary to prove need based on COVID-19.

## Section 5- Business Certification

Name of Authorized Business Representative: \_\_\_\_\_

Title of Authorized Business Representative: \_\_\_\_\_

Has the company, its board or its members authorized the business representative to make this application?  Yes  No

### Murray County Review

Applicant acknowledges that they are making application for a Grant, and that Murray County may rely on the applicant's warranties and self-certification of eligibility in the approval process of a grant.

Applicant certifies that only one application per business location was submitted. Murray County

reserves the right to verify whether duplicate applications were submitted, and to eliminate duplicate applications from consideration, in Murray County's sole discretion. This information and the information provided on all accompanying documents is provided for the purpose of obtaining a grant for the Applicant. Applicant acknowledges that representations made in this application will be relied on by Murray County in its decision to award such grant. Murray County is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein. The Applicant will promptly notify Murray County 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 company's financial ability for the purpose of securing a grant. The Applicant declares under penalty of perjury that all information provided herein and on accompanying documents is true in every detail and accurately represents the financial condition of the applicant and the Business on the date given below, and that the Applicant has authorization for the business to sign this form.

I hereby make application to the Murray County Small Business Relief Fund.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Printed Name)