



SIBLEY COUNTY BUSINESS ASSISTANCE GRANT PROGRAM

Phase 2

Who Is Eligible?

Any for profit business or non-profit business earning revenue as a business (sells tickets or charges fees) or individual DBA as a business, excluding chain stores and farms filing an IRS form schedule F, in Sibley County, MN.

- Must be in business by March 1, 2020.
- Must have been adversely affected monetarily by the Executive Orders issued by the state of Minnesota during the declaration of emergency from the COVID-19 virus event
- Business itself must be located within Sibley County, MN, regardless of location of owner(s).
- Business must have no current tax liens on record with the Secretary of State office's
- Business that received other State Deed Grants covering COVID-19 expenses and loss revenue are still eligible for the local tier of grant money.

Sibley County does not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status.

How Much Is the Grant?

Each qualifying recipient business will receive a prorated portion of the Sibley County state allocation of \$ 286,868.05. Individual amounts will not exceed the applicants identified need within their application.

What Do I Need to Apply?

- Completed Sibley County Business COVID – 19 Relief Grant Program Phase 2 Application



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What Is the Application Deadline?

January 29th, 2021 4:30PM

When Will Funds Be Disbursed?

Funds will be disbursed by March 15, 2021 to grant recipients following review and approval by the Sibley County Revolving Loan Committee. Funds will be direct deposited or mailed directly to recipients.

How Can I Use the Funds?

Businesses must show within their application proof that funds will be used or were used to cover operating related expenses that could not be met with existing revenue during the impact period of March 1, 2020 to December 31, 2020

CONTACT US



Attention: John Glisczinski
P.O. Box 256
400 Court Ave
Gaylord, MN 55334



(507) 237-7800



sibleyadmin@co.sibley.mn.us

Completed applications may be mailed, hand delivered, or emailed as listed above. Applications must be complete for timely review. Incomplete applications will delay review and disbursement.



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Business Information

Business Name: _____

Business Owner: _____

Property Address: _____

Mailing address (If different from above) _____

Phone: (_____) - _____ E-Mail: _____

Federal ID: _____ State NAICS Code _____

Type of Business: _____

(Restaurant, Retail, Type of Service, etc.)

Impact Information

Impact Period is from March 1, 2020 to December 31, 2020

1) Total Business Revenue during impact period: (including sales, PPP grants, Deed and local Grants and other Revenue of any kind etc. Applicants must disclose all federal, state or local grants received in 2020 and grants for which applicant has applied, which remain pending at the time of application.) \$ _____

List All Expenditures during impact period (Rent, Utilities, Operations, Salaries, etc)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____





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Continue: List All Expenditures during impact period (Rent, Utilities, Operations, Salaries etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2) Total Of all Business Expenditures during the impact period \$ _____

List any business-related needs or plans for future operations that are related to the COVID-19 event not listed as an expenditure in the above section that will produce revenue which will lead to my normal income prior to COVID-19.

_____	\$ _____
_____	\$ _____
_____	\$ _____

3) Total business-related operations/planning needs \$ _____

4) Total Business Expenditures and future business related expenditures (Line 2 plus line 3) \$ _____

Total Need: Revenue less Expenditures (Line 1 less line 4) \$ _____





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Acknowledgements & Signatures

By Initialing below, the applicant agrees to the following statements:

_____ I certify that I am the owner of the business listed for review of this application and said business resides in the political physical boundaries of Sibley County.

_____ I certify that I or my business have no outstanding tax lines with the Secretary of State office's within the state of Minnesota

_____ I acknowledge that the grant in need is result of one of any executive orders by the state of Minnesota during the statewide emergency caused by the COVID-19 virus event.

_____ I acknowledge that this completed and signed application is only an application for the business assistance grant authorized by legislation passed in the state of Minnesota and signed into law on December 16th, 2020. This application, even if favorably received, does not constitute a commitment on the part of Sibley County to extend grant funds

_____ I agree to notify Sibley County, in writing, if any of the information within this application materially changes in any respect.

_____ I agree to hold harmless and indemnify Sibley County and its board members, employees, agents, representatives, and associates against any claims, charge suits, damages, or other similar liability. In addition, I agree to further waive any claims against Sibley County whether now, existing, or arising in the future regarding any damages, losses, liability, costs, or expenses including attorney fees, incurred and arising from this application.

_____ I understand that by submitting this application, Sibley County is under no obligation to approve and/or extend assistance grant funds

I, the undersigned, attest that I have read this application in its entirety as completed, and that the information on this application is accurate, true, and complete.

Signature of Authorized Agent

Date

Title

