

HUBBARD COUNTY
Business Assistance Program
(State Funding)

Required Documentation Checklist

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

COVID – 19 Business Assistance Program Application

Fully Completed and Signed Application

Financial Information

One of the following

Prepared Financial Statements for 2019 & 2020

Last two years completed tax returns

Balance Sheet

Schedule of Liabilities (attached form)

MN Sales Tax Returns for both 2019 and 2020, or comparable sales/revenue documentation.

Documentation of ALL funding received to support COVID – 19 expenses (for example PPP loans or Minnesota SBEL funding)

Post – Award Documentation

Final Financial Disclosure Form

We encourage any business in need, to complete the application process; regardless of their perception of eligibility, the funding committee will consider all completed applications and may make exceptions where warranted.

HUBBARD COUNTY
Business Assistance Program Application

Business Name _____

Contact Person _____

Business Address _____

Contact Phone _____ Email _____

Township _____ Amount of Request \$ _____

NACIS Code _____ Federal Tax ID _____

<https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017>

Business Type Sole – Proprietor Corporation LLC LLP Non - Profit

Describe How the Impact from COVID – 19 and why you need the amount requested:

Other COVID – 19 Funding Awards Received

Paycheck Protection Program (PPP) _____

Minnesota Small Business Emergency Loan (SBEL) _____

Other: _____

Other: _____

Total _____

Briefly explain how you used the above funding and why you still need assistance:

Expected Use of Funds

Occupancy Costs (mortgage, rent, etc.)	_____
Insurance	_____
Property Taxes	_____
Payroll	_____
Operating Expenses	_____
Other: _____	_____
Total	_____

Revenue Information

Report the revenues for both 2019 and 2020 to substantiate a reduction of at least 20% due to the pandemic and related closures and restrictions. **Documentation for the information reported below is required.**

Period	2019	2020
_____	_____	_____
_____	_____	_____
Total	_____	_____

Expense Information

Report the expenditures for both 2019 and 2020 to substantiate the expenses due to the pandemic. **Documentation for the information reported below is required.**

Period	2019	2020
_____	_____	_____
_____	_____	_____
Total	_____	_____

Authorization for Release of Information

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge.

I acknowledge and agree the grant funds will be applied toward rent or mortgage payments, utility bills, property taxes, insurance costs, legal fees, payroll, repairs to existing building and/or equipment or toward costs associated with reopening/restructuring operations as a result of COVID related mandates. Funds may not be applied toward business startup expenses, workforce bonuses or other expenses which have been reimbursed by or paid by Federal, State or Local COVID related funds.

I declare that I am current on all financial obligations as of March 1, 2020 and have not filed or are currently filing for bankruptcy.

I further declare that there are no current tax liens on record with the Secretary of State as of the date of this application.

I agree to hold harmless and indemnify Heartland Lakes Development Commission 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 Heartland Lakes Development Commission 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, Heartland Lakes Development Commission is under no obligation to approve and/or grant award.

I authorize Heartland Lakes Development Commission to verify any information contained in this application and to share this information with the Funding Committee or other organizations related to this funding award, as necessary.

Signature/Title of Applicant

Date

Signature/Title of Applicant

Date

Return this form along with supporting documentation on the attached checklist to:

Mary Thompson, Heartland Lakes Development Commission
mthompson@heartlandlakesdevelopment.org
(218) 368-7980

301 Court Ave, #327
Park Rapids, MN 56470

HUBBARD COUNTY Business Assistance Program

Schedule of Liabilities
(Notes, Mortgages and Accounts Payable)

Applicant's Name: _____

Date of Schedule: _____

Name of Creditor	Original Amount	Original Date	Current Balance	Current or Delinquent?	Maturity Date	Payment Amount (Month – Year)	Security

Signature of Applicant

Signature of Applicant

Title

Title

You may use your own form to provide this information