

**City of Hokah CARES Business Relief Grant**  
*Program Description*

**Introduction**

On September 1, 2020 the City of Hokah City Council allocated \$20,000 of city CARES Act Funds to be disbursed to small businesses in the form of an economic development relief grant to partially reimburse the cost of business interruption caused by the COVID-19 pandemic due to mandatory shutdowns, restrictions, lack of business, or lost revenue as a result of the pandemic.

**Grant Terms**

- Consideration will only be given to eligible businesses submitting a complete application by noon on October 2, 2020. The maximum grant amount will be determined based on the response received and as funds allow. Businesses may be prioritized based on impact.
- The City of Hokah reserves the right to ask for additional information for any reason and to reject or modify any application or portions thereof that do not meet the guidelines or application process requirements in the interest of expedient processing. **Incomplete applications will not be considered.**
- Only one application per business will be accepted.
- All awarded grants are subject to an audit.
- Recipients must comply with all Federal and State CARES Act fund guidelines. They can be found at <https://home.treasury.gov/policy-issues/cares>.

<b>Eligible Businesses</b>	<b>Ineligible Businesses</b>
<ul style="list-style-type: none"> <li>• Small business: under 50 employees and annual revenue under \$5m located within the City of Hokah, MN</li> <li>• Home-based day cares are eligible</li> <li>• Must be a state registered business prior to Feb. 15, 2020 and in good standing</li> <li>• Must be current on property taxes, city utilities, and any other obligations to the City of Hokah prior to September 1, 2020</li> <li>• If applicable, any required licenses must be valid and in good standing</li> <li>• Must demonstrate a COVID-19-related loss since March 1, 2020</li> </ul>	<ul style="list-style-type: none"> <li>• Non-profit organizations</li> <li>• Businesses with over 50 employees and businesses with annual revenue above \$5m</li> <li>• Home-based businesses (except day cares)</li> <li>• Real estate holding companies</li> </ul>
<b>Eligible Expenses</b>	<b>Ineligible Expenses</b>
<ul style="list-style-type: none"> <li>• Rent, mortgage, or utility payments</li> <li>• Payments to suppliers</li> <li>• Costs associated with re-opening, such as installing plexi-glass barriers</li> <li>• Costs associated with adapting to COVID-19-related operating restrictions</li> <li>• See worksheet below for specifics</li> </ul>	<ul style="list-style-type: none"> <li>• Property taxes</li> <li>• Any expense that has not been accrued between March 1, 2020-Dec. 30, 2020</li> <li>• Any expense not connected directly to COVID-19 response</li> </ul>

**Other Qualifying Criteria**

- If the applicant has been awarded funds from other CARES Act programs, the applicant must not use the funds the applicant receives from this program for the same purpose.
- The maximum grant award to any individual business will be determined by the City of Hokah, based on the interest and need demonstrated by applications submitted and the funds available.
- The City of Hokah reserves the right to change these program guidelines and/or application at any time.

### Timeline

- Applications will be accepted starting **September 2, 2020**. Applications can be e-mailed to [cityclerk@acegroup.cc](mailto:cityclerk@acegroup.cc) or delivered to the city office at 211 Main Street, Hokah, MN 55941.
- Questions should be directed to Lindsey Martell by e-mailing [cityclerk@acegroup.cc](mailto:cityclerk@acegroup.cc) or calling 507-894-4990.
- **Applications are due to the city office by noon on October 2, 2020. Late or incomplete submissions will not be accepted or considered for approval.**
- The first round of applications will be reviewed by the city council on **October 6, 2020**. After this date the program may be reevaluated and possibly changed for a second round if both need and funds remain.

**City of Hokah CARES Business Relief Grant**  
***Application***

Please note that this application must be filled out in its entirety to be considered. If any fields are not applicable, please explain in the field why the question is not applicable.

Entity Legal Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_

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Entity Physical Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

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Entity Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

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Entity Owner(s): \_\_\_\_\_

Contact Person for this Application (if different from above):

\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

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Type of Entity (Please check one):  
 Corporation (for-profit)       Sole Proprietor  
 Limited Liability Company (LLC)       Cooperative  
 Partnership       Other: \_\_\_\_\_

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EIN/FEIN (Employer Identification Number or tax ID): \_\_\_\_\_

*Note: If you are a sole proprietor, you may need to use your Social Security Number.*

Is your business a state registered business?       Yes       No  
(Provide proof of registration with your application)

Entity Industry: \_\_\_\_\_

Number of Part-time Employees: \_\_\_\_\_      Number of Full-time Employees: \_\_\_\_\_

Date Entity was Established: \_\_\_\_\_

Is your entity considered (Check one):  Essential  Non-essential

Was your entity closed during COVID-19?:  Yes  No

If your entity was closed, for how many days were you closed?: \_\_\_\_\_

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Can you demonstrate a significant loss of revenue for your entity since March 1, 2020, due to the COVID-19 emergency?:  Yes  No

Is your entity in compliance with all relevant City ordinances and license requirements?:

Yes  No

Is your business current as of September 1, 2020 with all property tax payments or other obligations to the City of Hokah?:

Yes  No

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Which of the following forms of funding or relief from expenses during the COVID-19 has the applicant received? (The city encourages applicants to apply for as many funding sources as possible.):

- |   |   |
|---|---|
| <input type="checkbox"/> Pandemic Unemployment Assistance (PUA) | <input type="checkbox"/> State of MN Small Business Emergency Loan (SBEL) |
| <input type="checkbox"/> SBA Paycheck Protection Program (PPP)  | <input type="checkbox"/> Assistance from Houston County                   |
| <input type="checkbox"/> Economic Injury Disaster Loan (EIDL)   | <input type="checkbox"/> Other: _____                                     |

*Note: If the applicant has been awarded funds from other CARES Act programs, the applicant must not use the funds the applicant receives from the this program for the same purpose.*

If you have applied for any other funding, are you awaiting a response?:  Yes  No

If so, which funding source(s) are they?: \_\_\_\_\_

Have you received unemployment compensation?:  Yes  No

How much are you requesting?: \$ \_\_\_\_\_

*Note: the city reserves the right to audit you at any time. At that time, you will need to provide proof of how the grant funds were used. You must retain your records for 6 years after receiving grant funds.*

**How has your business been negatively impacted by COVID-19?:**

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**What specifically will you use the grant funds on if you are awarded?:**

Cost	Use
\$	To construct temporary or permanent outdoor facilities to allow service to customers with proper social distancing.
\$	To convert an area, sidewalk, parking lot, or open area adjacent to a dining facility to accommodate additional outdoor seating, including tables and fencing.
\$	To acquire signage related to the operation of the entity or customer safety in accordance with COVID-19 guidelines.
\$	To purchase checkout counter modifications, such as screens or buffers to allow for proper social distancing practices.
\$	To modify indoor customer or employee areas to comply with social distancing guidelines, such as purchasing storage facilities for excess seating.
\$	To obtain computer hardware and/or software necessary to support remote work by employees, or upgrades to support e-commerce.
\$	To purchase personal protection equipment, sanitation stations, or sanitation supplies.
\$	To make rent, mortgage, or utility payments accrued during the authorized period.
\$	To pay employees during the authorized period.
\$	To pay for inventory/supply changes during shutdown and re-opening periods.
\$	Other expense(s) directly attributable to the COVID-19 pandemic (Please explain). <i>Note that the use must fit the "Eligible Uses" category from p.1:</i> _____
\$	<b>Total Expenses</b> (The maximum grant award will be determined by the City of Hokah based on the need expressed in the applications received, and depending on funding available.

**Please read and mark the items below to acknowledge each statement. Missing checks may cause delay or grant declination:**

- I (we) certify that I (we) have the authority to apply for this grant on behalf of the entity that we have described herein.
- I (we) certify that the entity has been negatively affected by the COVID-19 emergency as described herein.
- I (we) certify that the grant funds will be used for authorized expenses only in accordance with the requirements and restrictions set forth in the CARES Act.
- I (we) certify that only one application for this entity is being submitted.
- I (we) shall cooperate with the City of Hokah or appropriate officials for grant auditing purposes, as further set forth and described above.
- I (we) acknowledge that representations made in this application will be relied on by the City of Hokah in its decision to grant such grant.
- The City of Hokah is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein.
- I (we) will promptly notify the City of Hokah if any subsequent changes would affect the accuracy of the information in this application.
- I (we) understand Under Minn. Stat. § 16B.98, Subd.8, the Grantee's books, records, documents, and accounting procedures and practices of the Grantee or other party relevant to this grant agreement or transaction are subject to examination by the State and/or State Auditor or Legislative Auditor, as appropriate, for a minimum of six years from the end of the grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.
- I (we) understand that it is a crime to make a false representation as to my business's financial ability for the purpose of securing this grant. The applicant declares under penalty of perjury that all information provided herein is true in every detail and accurately represents the financial condition of the applicant and the business on the date given below.
- By typing my (our) signature(s) and date in the text box below, I (we) agree(s) that the applicant is electronically signing this application. I (we) understand and agree that my (our) electronic signature(s) is (are) the legal equivalent of a manual signature(s) and that the City of Hokah may rely on it as such in connection with any and all agreements that I (we) or the business may enter into with respect to this application.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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