

**Benton County
CARES Non-Profit Grant Application**



Section 1 - Applicant Information

Non-Profit Organization Name

Address

City

State

ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Phone Number

Email Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Website

Section 2 - Person Completing Application

First Name

Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Title

Address

--

City

State

ZIP Code

--	--	--

Contact Phone Number

Contact Email Address

--	--

Section 3 - Minimum Grant Requirements

1. Is the applicant a non-profit organization within the meaning of the Internal Revenue Code (e.g., 501(c)(3)?

Yes	
No (for-profit organizations are ineligible)	

2. Does your organization serve persons living in Benton County?

Yes	
No (not eligible; must serve Benton County residents)	

3. Can your organization establish and document a direct financial impact from the COVID-19 pandemic?

Yes	
No (not eligible unless a direct financial impact can be shown, such as extraordinary costs or revenue losses related to the COVID-19 pandemic)	

Organization description (briefly describe your organization, its services, clients, locations and its history)

Year your organization began operating in Benton County or serving Benton County residents

Section 5 - COVID-19 Impact

Was your organization ordered closed or had to significantly reduce operations by Executive Order from the Minnesota Governor?

Yes	
No	

What is the current operating status of your organization?

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 services have been re-deployed to assist with the public health emergency	
Completely closed	
Other (please explain current status if none of the above apply)	

Briefly explain how your organization has been affected by the COVID-19 pandemic and/or related Executive Orders from the Governor.

What are your plans to re-open and/or resume operations following the COVID-19 crisis?

Grant amount requested:

Please tell us how you plan to use your CARES grant, if awarded:

Replace income losses (e.g., reduced donation income, fundraising losses)

Rent or mortgage payments

Utilities (natural gas, electricity, water, telephone, internet/cable, waste collection, recycling, security system, etc.)

Insurance

Suppliers/Vendors

Other Expenses (Specify below)

Total Planned Uses (must match your request)

What other emergency federal, state or local grants or loans have you received due to the COVID-19 pandemic? List below a description, how it was used and the dollar amounts of each loan or grant.

Loan or Grant Program Name/How Used	Amount
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Section 6 – Required Documentation

In order to consider your application for grant funding, Benton County must receive the following with a completed application:

1. Evidence that you own or lease the space where your organization is located. Acceptable forms of proof include a copy of your lease, a mortgage statement, a property tax statement or other official document showing proof of occupancy within Benton County

2. If your organization is located outside Benton County, please submit evidence your organization serves residents of Benton County (the County understands that actual clients lists and client addresses may be private information, so please redact any private information from your submittal)
3. Most recent informational federal income tax return for your organization
4. An income statement or profit/loss statement for the periods of January 1, 2019 through June 30, 2019, and January 1, 2020 through June 30, 2020 (must be shown as separate periods for comparison purposes)
5. A completed and signed W-9 form
6. Evidence to support eligible expenses. This may include utility statements, mortgage or lease schedules, payroll reports, accounts payable records and other accounting records to validate your expenses

Section 7 – Acknowledgments and Signature

By signing this application, the applicant acknowledges the following:

1. Grant funds will be used to cover extraordinary expenses or income losses directly related to the COVID-19 public health emergency and related State of Minnesota Executive Orders
2. Grant funds will not be used to pay rent, mortgages, payroll costs or other cost when such costs were reimbursed by federal Paycheck Protection Program loan funds
3. Grant funds will not duplicate funding received from a City or Township
4. Benton County retains final and sole authority to approve or deny applications for grant funds
5. Grant recipient will allow an inspection and copying of financial records reasonably required by Benton County to satisfy any subrecipient monitoring requirements
6. Data Privacy Notice Benton County is subject to Minnesota Statutes Chapter 13, commonly known as the Data Practices Act. When organizations apply for a grant from the County, financial information about the organization, including credit reports, financial statements, net worth calculations, business plans, income and expense projections, balance sheets, client lists, income tax returns and design, market, and feasibility studies not paid for with public funds are all private data. However, once the organization receives a grant from the County, certain information provided by the applicant will be public data, except the following data will remain private: business plans, income and expense projections not related to the financial assistance provided, client lists, income tax returns, and design, market, and feasibility studies not paid for with public funds.
7. Tennessee Warning Notice Pursuant to Minnesota Statutes §13.04, Subd.2, this data is being requested from you to determine if you are eligible for grant assistance from Benton County. You are not required to provide the requested information, but your failure to do so may result in our inability to determine your eligibility for assistance. The data you provide that is classified as private or non-public will only be reviewed by Benton County staff who require the information to process your application. Otherwise, your data will not be shared with others without your permission, except as specified in state and federal laws.

8. Grant recipient acknowledges that if any CARES funding is later deemed ineligible during a post-receipt audit, the grant recipient shall be responsible for any costs associated with recovering ineligible CARES funds

As a duly authorized representative of the Applicant, I hereby certify that the information contained in this application is true, correct and complete as of the date hereof and the Applicant agrees to comply with the term and conditions of the Benton County CARES Non-Profit Assistance Grant Program.

Applicant Signature

Date

Section 8 – Application Submittal

Applicants are encouraged to email a completed application and all required supporting documents to mheadley@co.benton.mn.us, or US Mail to:

Benton County Administrator's Office
Attn: Montgomery Headley, County Administrator
531 Dewey Street
Foley, MN 56329

Applications must be received or postmarked by November 10, 2020. Late submissions will not be accepted.