

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 \$ _____

Brief Description of How the Business has been Impacted by COVID – 19:

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.) | _____ |
| 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 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 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 |
|------------------|-----------------|---------------|-----------------|------------------------|---------------|----------------------------------|----------|
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Signature of Applicant

Signature of Applicant

Title

Title

You may use your own form to provide this information