

Marshall Economic Development Authority CARES Grant Program

INSTRUCTIONS AND QUALIFICATIONS

The City of Marshall recognizes that healthy business districts play an important role in the vitality of Marshall and understands there are many challenges that businesses have faced with COVID-19. The Marshall CARES Grant Program aims to help restart businesses and non-profit organizations that have had financial hardship as a result of COVID-19 by providing funds to address business interruption costs. The Marshall CARES Grant Program will be capped at \$500,000 or expire on October 15, 2020, whichever comes first.

Please review qualifications and process below. Grants are awarded based on a lottery selection, not on a first-come-first-serve basis. To apply, complete application in its entirety and email to Lauren Deutz at lauren.deutz@ci.marshall.mn.us. Applications are due by Friday, August 21st by 12pm. All applications will be reviewed and approved to enter the lottery selection by a committee. If funds are still available after the first round, a second round of applications will be accepted and reviewed until funds are depleted.

Availability

- Maximum of one grant per small business* or non-profit organization.
 - * All businesses may apply, but only one award per majority business owner.
 - Maximum \$5,000 grant for 1-15 Full-Time Equivalent (FTE) Small Businesses
 - Maximum of \$2,500 grant for 501(c)3 and 501 (c)19 Non-Profit Organizations
- Limited funding is available of \$500,000.
- Not available to businesses that received Minnesota Small Business Relief Grant.

Qualifications

- Physical, commercial location, whether owned or leased, located in Marshall city limits.
- Registered with the Minnesota Secretary of State and have been in business since March 1, 2019.
- Must be current with local property taxes.
- Small Businesses with 1-15 Full-Time Equivalent (FTE) Employees.
- 501(c)3 and 501(c)19 Non-Profit Organizations.
- Demonstrated negative impact by business interruptions since March 1, 2020 due to COVID-19.
 - Revenue Statement from March 1, 2019 – July 1, 2019 versus March 1, 2020 – July 1, 2020.

Preferences

- Business referenced in Gov. Walz's Executive Orders (EO 20-04, EO 20-08, EO 20-18). See Appendix A.

Eligible Expenses

- Expenses of business interruption caused by the required closures including:
 - payroll (including wages and benefits)
 - rent or lease payments
 - utilities
 - equipment costs or rental
 - business inventory and purchases
 - working capital or other business critical operating expenses.
- Expenses related to implementing reopening plan and promoting social distancing measures.
- Employment and training programs for employees.

Ineligible Expenses

- Grant cannot be used to cover the same expenses as EIDL or PPP loan.
- Home-based businesses are not eligible.

Reimbursement

This is a **reimbursement program**. You must pay for the total eligible expenses prior to receiving a reimbursement check from the program administrator.

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APPLICATION SUBMITTAL REQUIREMENTS

- Complete CARES Grant Program Application and email to Lauren Deutz (lauren.deutz@ci.marshall.mn.us) by Friday, August 21st at 12pm.
 - Make sure to sign the Marshall CARES Grant Application.

APPLICATION PROCEDURES

Step 1: Be sure to meet program requirements.

- ✓ Physical, commercial location, whether owned or leased, located in Marshall city limits.
- ✓ Registered with the Minnesota Secretary of State and have been in business since March 1, 2019.
- ✓ Must be current with local property taxes.
- ✓ Small Businesses with 1-15 Full-Time Equivalent (FTE) Employees.
- ✓ 501(c)3 and 501(c)19 Non-Profit Organizations.
- ✓ Demonstrated negative impact by business interruptions since March 1, 2020 due to COVID-19.
 - Revenue Statement from March 1, 2019 – July 1, 2019 versus March 1, 2020– July 1, 2020.

Step 2: Complete and submit the Marshall CARES Grant Program Application.

- ✓ Complete the Marshall CARES Grant Program Application and email to Lauren Deutz (lauren.deutz@ci.marshall.mn.us) by Friday, August 21st at 12pm.
- ✓ Applications are due by Friday, August 21st by 12pm.
- ✓ Grants are awarded based on a lottery selection, not on a first-come-first-serve basis.
- ✓ All applications will be reviewed and approved by a committee to enter the lottery selection.

Step 3: Complete and sign a Participation Agreement.

- ✓ After the grant application has been approved and selected by lottery, the business/organization will complete and sign a participation agreement.

Step 4: Complete, sign and submit the Marshall CARES Grant Reimbursement Request Form.

- ✓ Complete, sign and submit the Marshall CARES Grant Reimbursement Request Form and email to Karla Drown (finance@ci.marshall.mn.us) as soon as possible, but no later than October 15, 2020.

Step 5: Submit documentation (Receipts and Proof of Payments).

- ✓ Submit all receipts and proof of payment of each entity to Karla Drown (finance@ci.marshall.mn.us) as soon as possible, but no later than October 15, 2020.
- ✓ Submit completed and signed W-9 form.
- ✓ Receipts and proof of payments received after October 15, 2020 will not be eligible for reimbursement.
- ✓ Failure to submit required documentation will result in forfeiture of grant award.

Step 6: Disbursement of grant funds.

- ✓ The grant funds will be disbursed to you by the Finance Department after they have reviewed and approved **ALL** eligible receipts and proof of payments.

CONTACTS

For program questions, please contact:
Lauren Deutz, EDA Director
Lauren.deutz@ci.marshall.mn.us
507-337-0802

For reimbursement questions, please contact:
Karla Drown, Finance Director
finance@ci.marshall.mn.us
507-537-6764



Marshall Economic Development Authority CARES Grant Program

APPLICATION FORM

Legal Business Name

Type of Organization (Circle One) 501(c)3 501(c)19

Physical Address

EIN

Duns

Date Established

Owner Since (MM/DD/YYYY)

Registered with MN Secretary of State (Yes/No)

Current Number of Full-time Employees

Current Number of Part-time Employees

Business Owner Name

Mobile Phone Number

E-mail

Current on Local Property Taxes (Yes/No)

Contact Preference (for this loan application)

Call Text E-mail

Describe how the current COVID-19 situation is affecting your business

How have received Minnesota Small Business Relief Grant, Economic Injury Disaster Loan (EIDL), Paycheck Protection Program (PPP)? If yes, which ones?

What was your total annual gross revenue in 2019? (Please provide supporting documentation).

What was your total business revenue from March 1, 2019 – July 1, 2019? (Please provide supporting documentation).

What was your total business revenue from March 1, 2020 – July 1, 2020? (Please provide supporting documentation).

Up to the maximum of \$5,000 (\$2,500 for non-profit organizations), how much are you applying for?

How will you be using the funds:

APPENDIX A

Businesses cited in Governor's Emergency Executive Order 20-04 as follows:

Beginning no later than March 17, 2020 at 5:00 p.m., and continuing until March 27, 2020 at 5:00 p.m., the following places of public accommodation are closed to ingress, egress, use and occupancy by members of the public:

- a. Restaurants, food courts, cafes, coffeehouses, and other places of public accommodation offering food or beverage for on-premises consumption, excluding institutional or in-house food cafeterias that serve residents, employees and clients of businesses, childcare facilities, hospitals and long-term care facilities.
- b. Bars, taverns, brew pubs, breweries, microbreweries, distilleries, wineries, tasting rooms, clubs, and other places of public accommodation offering alcoholic beverages for on-premises consumption.
- c. Hookah bars, cigar bars, and vaping lounges offering their products for on-premises consumption.
- d. Theaters, cinemas, indoor and outdoor performance venues, and museums.
- e. Gymnasiums, fitness centers, recreation centers, indoor sports facilities, indoor exercise facilities, exercise studios, and spas.
- f. Amusement parks, arcades, bingo halls, bowling alleys, indoor climbing facilities, skating rinks, trampoline parks, and other similar recreational or entertainment facilities.
- g. Country clubs, golf clubs, boating or yacht clubs, sports or athletic clubs, and dining clubs.

Businesses cited in Governor's Emergency Executive Order 20-08 as follows:

Paragraph 1.e. of Executive Order 20-04 is amended by the following additions (indicated by underlined text) and deletions (indicated by strikethroughs): *Gymnasiums, fitness centers, recreation centers, indoor sports facilities, indoor exercise facilities, exercise studios, and spas tanning establishments, body art establishments, tattoo parlors, piercing parlors, businesses offering massage therapy or similar body work, spas, salons, nail salons, cosmetology salons, esthetician salons, advanced practice esthetician salons, eyelash salons, and barber shops. This includes, but is not limited to, all salons and shops licensed by the Minnesota Board of Cosmetologist Examiners and the Minnesota Board of Barber Examiners.*

All other provisions of Executive Order 20-04 remain in effect.

Continuing the Closure of Bars, Restaurants, and Other Places of Public Accommodation in Governor's Emergency Executive Order 20-18 as follows:

The closure of bars, restaurants, and other public accommodations set forth in Executive Orders 20-04 and 20-08 is extended until May 1, 2020 at 5:00 pm. 2. The first sentence of paragraph 1 of Executive Order 20-04 is amended by the following additions (indicated by underlined text) and deletions (indicated by strikethroughs): 2 Beginning no later than March 17, 2020 at 5:00 pm, and continuing until May 1, 2020 at 5:00 pm, the following places of public accommodation are closed to ingress, egress, use, and occupancy by members of the public: 3. I further direct and clarify that places of public accommodation, which would otherwise be ordered closed, may stay open if they have been repurposed to exclusively provide services permitted under Paragraph 4 of Executive Order 20-04. For example, a gymnasium that has been repurposed to provide child care services is authorized to provide those essential services, subject to relevant licensing and other requirements, as well as applicable Minnesota Department of Health guidelines.

All other provisions of Executive Order 20-04 remain in effect, including the amendment made by Executive Order 20-08.



Marshall Economic Development Authority CARES Grant Program

PARTICIPATION AGREEMENT

STEP 1 – COMPLETE, SIGN AND SUBMIT MARSHALL CARES GRANT REIMBURSEMENT FORM

- ✓ Complete, sign and submit Marshall CARES Grant Reimbursement Request Form and email to Karla Drown (finance@ci.marshall.mn.us) as soon as possible, but no later than October 15, 2020.

STEP 2 – SUBMIT DOCUMENTATION (RECEIPTS AND PROOF OF PAYMENTS)

- ✓ Submit all receipts and proof of payments of each entity to Karla Drown (finance@ci.marshall.mn.us) as soon as possible, but no later than October 15, 2020.
- ✓ Receipts and proof of payments received after October 15, 2020 will not be eligible for reimbursement.
- ✓ Failure to submit required documentation will result in forfeiture of grant award.

STEP 3 – DISBURSEMENT OF GRANT FUNDS

- ✓ The grant funds will be disbursed to you by the Finance Department after they have reviewed and approved **ALL** eligible receipts and proof of payments.

STEP 4 – REVIEW TERMS AND CONDITIONS

- ✓ The grant applicant will receive a grant in the amount specified below pending Grant Applicant's compliance with (1) the Marshall CARES Grant Program Eligible expenses, (2) this Agreement, and (3) available funding. Final determination of eligibility rests with the City of Marshall EDA Review committee. The Marshall CARES Grant Program will be capped at \$500,000 or October 15, 2020, whichever comes first.

STEP 5 - SIGN AND DATE

Sign and date below, accepting the forgoing terms. *A grant is not approved until this document is signed by your Program Administrator.*

GRANT APPLICANT

By:

Its:

TO BE COMPLETED BY THE PROGRAM ADMINISTRATOR

Grant Amount Requested:

Grant Amount Approved:

Grant Approval Date:

PROGRAM ADMINISTRATOR

By:

Its: MARSHALL CARES GRANT PROGRAM ADMINISTRATOR

MARSHALL CARES GRANT REIMBURSEMENT REQUEST FORM

BUSINESS NAME:	ADDRESS:
OWNER NAME:	
EMAIL:	PHONE:
TOTAL REIMBURSEMENT REQUEST: \$	

A RECEIPT MUST BE ATTACHED FOR EACH CARES REIMBURSEMENT EXPENSE REQUEST.

***CATEGORY OPTIONS:** PAYROLL, RENT, UTILITIES, EQUIPMENT COSTS, INVENTORY, CRITICAL OPERATING EXPENSES, REOPENING EXPENSES, TRAINING, OTHER (SPECIFY).

DATE	PAID TO	*CATEGORY	COST
TOTAL REQUEST:		\$	-

*The Marshall EDA has the authority to request further documentation and approve or deny any reimbursement requests.

I certify that this claim is correct and that all items have been paid for above.

Claimant's Signature

EDA Director Approval

Finance Director Approval



Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code
7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.