



### Small Business Assistance Grant Program

Eligible small businesses may apply for grants of *up to* \$10,000 (depending on number of applications) to support emergency relief and costs associated with reopening under public health guidelines.

Applications will be accepted through Friday, September 18, 2020.

**1. Business Contact/Information:**

Business Name:

Address of Business in Dayton:

Business Type/Sector:

Date your business began operations:

State Tax ID Number:

Contact Name:

Phone Number:

Email:

Is your business an on-sale liquor license holder through the City of Dayton?

Yes \_\_\_

No \_\_\_

List amount of 2020 Liquor License Fee Requested (for on-sale license holders only; based on 2020 fee): \_\_\_\_\_

Amount of funding being requested: Max award, \$10,000 for businesses which are not on-sale liquor license holders, \$7,800 max for those also seeking on-sale liquor license reimbursement of \$2,133 or more.

\_\_\_\_\_

Number of full-time equivalent employees as of  
March 1, 2020:

Current: \_\_\_\_\_

**2. Business Impact:**

Please share information regarding operations during the COVID-19 pandemic/Stay-at-Home executive order(s), including dates the business was required to be closed due to State of Minnesota orders (actual or est. dates), or whether the business is/was subsequently operating under reduced services/capacity restrictions per State of Minnesota.

**3. Narrative- Impact**

Please provide narrative information and estimated calculations of the negative impacts on your business as a result of the COVID-19 health pandemic. (ex. reduced hours, capacity limitations, increased costs, employee issues, etc.)

**4. Grant Request**

Please provide information on the intended use of the grant funds and which eligible expenses will be addressed with the funds:

Lease or Mortgage Payment:	
Payroll Costs for Current Employees:	
Accounts Payable:	
Utility Payments:	
Inventory Costs:	
Liquor License Fees:	
Other Business Expenses (please list):	
Total Grant Request:	

Please note that proof of eligible expenses outlined above will be required to be attached with this application as supporting documentation.

### 5. Narrative-Financial Need

Please provide narrative information to illustrate that your business is in financial need of Small Business Assistance grant funds. Please note that documents supporting the proof of financial need will be required to be attached with this application.

### 6. Check List

Item	Yes	No
Application Form Fully Complete		
Business Information: Proof of Business Completed W-9		
Supporting Documentation: Proof of Eligible Expenses:		
Supporting Documentation: Proof of Financial Need Monthly Profit and Loss Statements (March-June 2019 & 2020		
Application Signed and Dated		

Minnesota Data Practices Disclaimer: While the City does not intend to proactively display, share or advertise business financial information provided as part of the application and review process, confidentiality of such data cannot be guaranteed and is subject to Minnesota Data Practices Act with regard to public access to data.

Financial Assistance Certification: I hereby certify that the Emergency Grant Program is necessary and due to direct and adverse effects related to Executive Orders 20-04 and 20-08 and/or the COVID-19 Pandemic. The undersigned, a duly authorized representative of the Applicant, hereby certifies the foregoing information is true, correct, and complete as of the date hereof; and agrees that:

- All proceeds from the grant will be used for eligible business expenses under the Emergency Grant Program including compliance with Federal CARES Act program requirements.
- If grant funds are used solely for expenses previously incurred, the applicant will file a Certification of Expenses with the City of Dayton prior to funds being released. If grant funds are used for expenses yet to be incurred but no later than November 15, 2020, the applicant will file a Certification of Expenses form with the City of Otsego no later than November 30, 2020 indicating how funds were spent.
- Applicant shall be bound by all terms and provisions of the Small Business Assistance Grant Program guidelines

Applicant (Print) \_\_\_\_\_

Applicant (Signature) \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

Submit completed application and all supporting documentation to City Administrator Tina Goodroad at [tgoodroad@cityofdaytonmn.com](mailto:tgoodroad@cityofdaytonmn.com)

For Any Questions please call 763-421-3487.