



City of New Ulm
100 North Broadway
New Ulm, MN 56073
507.233.2100

March 27, 2020

Emergency Relief Small Business Grant 2020

The COVID-19 pandemic has disrupted every aspect of society and in particular, the New Ulm business community. The effects of Governor Walz's Executive Orders are necessary to "flatten the curve" of the virus, but the impact to small businesses is staggering.

This Emergency Relief Small Business Grant is intended for businesses who were directly impacted by the pandemic resulting in reduced revenue. Grant amount is \$2500.

Eligibility Guidelines:

1. Applicant must be the business owner.
2. Businesses as described in Executive Order 20-04 (and/or the clarification in EO 20-08) may apply.
3. W-9 form must be provided.
4. Funding is not transferrable and other restrictions may apply
5. Applicant's business must be in a commercial address. Shared suites or home-based business are not eligible.
6. Funds for this program are limited. Applications will be processed on a first come, first served basis.
7. Non-profits are not eligible.

For information or questions, please contact Audra Shaneman at 507-233-2113 or AudraS@newulmmn.gov.

Completed Applications should be sent to:

City of New Ulm / EDA
Audra Shaneman
100 N. Broadway
New Ulm, MN 56073

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Emergency Relief Small Business Grant Program

Application

Date Application Submitted: _____

Business Contact Name/Title _____

Business Name: _____

Business Address: _____ CSZ _____

Business Phone: _____ Email: _____

Business Ownership: Provide name and ownership percentage of each owner who holds at least 20% ownership:

Business Legal Structure: Limited Liability Entity Corporation Partnership Sole Proprietorship

Description of type of business and products or services provided:

My business is a place of Public Accommodation according to Executive Order 20-04 and clarified in EO 20-08.

- 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. (20-04)
- Bars, taverns, brew pubs, breweries, microbreweries, distilleries, wineries, tasting rooms, clubs, and other places of public accommodation offering alcoholic beverages for on-premises consumption. (20-04)
- Hookah bars, cigar bars, and vaping lounges offering their products for on-premises consumption. (20-04)
- Theaters, cinemas, indoor and outdoor performance venues, and museums. (20-04)
- Gyms, fitness centers, recreation centers, indoor sports facilities, indoor exercise facilities, exercise studios, and spas. (20-04)
- Amusement parks, arcades, bingo halls, bowling alleys, indoor climbing facilities, skating rinks, trampoline parks, and other similar recreational or entertainment facilities. (20-04)
- Country clubs, golf clubs, boating or yacht clubs, sports or athletic clubs, and dining clubs. (20-04)
- 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. (20-08)

COVID 19 Impact:

Describe the impact of Executive Orders 20-04 and 20-08 to the business. Include staffing, vendor, or inventory challenges.

Employment Impact (Include all W-2 Employees):

On March 1, 2020

#Part – Time employees _____ # Full Time Employees _____

Current:

#Part – Time employees _____ # Full Time Employees _____

Estimated revenue lost due to disaster: _____

Insurance claims finalized: Yes No No Applicable Insurance

Applicant Certification: I certify under penalty of perjury that all information provided herein is true and complete. I agree to provide documentation requested by the City for verification purposes.

Business Owner/Operator (Print or Type)

Business Owner/Operator Signature

Date: _____