

**LONSDALE CARES ACT ECONOMIC DEVELOPMENT
GRANT PROGRAM POLICY / APPLICATION
(BUSINESS / NON-PROFIT ORGANIZATIONS)**

Business Name: _____

Business Owner Name(s): _____

Business Phone Number: _____ Business Email: _____

Business Address: _____

Number of Employees: _____

Are you current on City taxes (if applicable)? _____

Is your Business registered with the Minnesota Secretary of State: _____

What Type of business?

- Retail: _____
- Restaurant: _____
- Service Provider: _____
- Non-Profit: _____
- Other (includes everything else): _____ - Type: _____

Amount of request: \$_____

Explain in detail how your business has been affected by COVID-19:

Explain the impact the award will have in terms of, business continuation and mitigation of financial difficulties:

Have you applied for or received assistance from any other source? _____ Yes / _____ No

If so, what is the source and amount of assistance received?

**GRANT PROGRAM POLICY
AUTHORIZATION FOR RELEASE OF INFORMATION**

I declare that the information provided in this application and on the accompany exhibits is true and complete to the best of my knowledge. The City of Lonsdale have the right to verify any information contained in this application and my contact any individuals and institutions involved with the proposed project.

Signature/Title of Applicant: _____ Date: _____

The City of Lonsdale retains final authority to determine if a business is eligible or not and whether to approve a grant or not.

For questions, contact Joel Erickson, City Administrator at (507) 744-2327 or jerickson@lonstel.com