

COVID-19 RESPONSE PROGRAM
SAUK RAPIDS HRA

1. APPLICANT: _____
2. BUSINESS NAME: _____
3. BUSINESS ADDRESS: _____

4. TYPE OF BUSINESS: _____
5. NUMBER OF EMPLOYEES: _____
6. BUSINESS LOCATED IN CITY SINCE: _____
7. IMPACT FROM COVID-19: _____

8. AMOUNT OF GRANT REQUESTED: \$ _____
9. COVID-19 RELATED EXPENDITURES (LIST AND ATTACH DETAIL): _____

10. CERTIFICATIONS:

- a. The above Business was closed or partially closed after March 15, 2020 as a direct result of COVID-19 related government restrictions on the business and the business had a reduction in gross sales/revenues due to the closure or partial closure.
- b. The business could not feasibly be operated from home.
- c. The business is a for profit business (or service club that serves food/beverages) and otherwise eligible for participation in this Program.
- d. All expenditures will be used on alterations to buildings, parking areas, equipment, fixtures or for the purchase/lease of fixtures, equipment, or other items allowed by the Program or approved by the HRA, will be used at the business location in the City of Sauk Rapids, and are related to the Business' need to

respond to COVID-19, CDC or MDH requirements related to the COVID-19, or government regulations or restrictions in response to COVID-19.

_____,
Applicant

By _____
Its _____