

SCOTT COUNTY EXECUTIVE ORDER 20-99 BUSINESS RELIEF PROGRAM – PREPARATORY DOCUMENT SHOWING ONLINE APPLICATION QUESTIONS

Updated 12/31/2020

In recent state action, Scott County was awarded \$2.9 million in COVID-19 related relief funds to allocate to local private and non-profit businesses impacted by the State of Minnesota Executive Order 20-99 (EO 20-99), which went into effect November 20, 2020.

The program is intended to provide relief payments to restaurants, bars, gyms, and other similar businesses who have been partially or fully closed – as a result of EO 20-99, Section 7.

Businesses that were indirectly impacted by EO 20-99, which is defined as a business that primarily derives income from sales of goods and services to businesses that were directly closed as a result of EO 20-99, are also eligible to apply for this program.

THIS DOCUMENT IS BEING PROVIDED TO ASSIST WITH WHAT YOU’LL NEED FOR THE ONLINE APPLICATION. APPLICATIONS WILL BE ACCEPTED ONLINE ONLY BEGINNING ON MONDAY, JANUARY 4, 2020 AT 8:00 AM.**

**** Document is subject to change slightly prior to January 4.**

The link to apply will be available on the Scott County CDA website at that time:
<https://scottcda.org/resource/scottcoeo20-99relief/>

- 1) If your application is selected, will you need translation services to complete the review process?
 - a. Yes
 - b. No

If yes, go to Question 2. If no, skip to Question 3

- 2) Which language will you need the translation in? **Enter text answer**
- 3) Please enter the six-digit NAICS code and Federal EIN number for your business below. If you're not familiar with your six-digit NAICS number, please review the link below before proceeding:
[NAICS Code lookup](#)
 - a. Enter NAICS Code here. **Enter text answer**
 - b. Please enter your Federal EIN number. **Enter text answer**

Contact Information

- 4) Please provide the required contact information below **Enter text answers**
- First Name
 - Last Name
 - Job Title or Role
 - Email Address
 - Confirm Email address
 - Phone number

*Note: Please make sure the email address you enter is correct! This is the primary form of communication NextStage will use.

Business information

- 5) Please provide the required business information below. **Enter text answers**
- Legal name of Business
 - DBA or Trade name if different
 - Business address
 - Address 2
 - City
 - State
 - ZIP
- 6) Is this a home-based or mobile business? **Select one**
- Yes
 - No
- 7) Is the business a for-profit, non-profit, or community asset organization? **Select one**
- For-Profit
 - Non-Profit
 - Community Asset
- 8) Which type of category does your business fall in? **Drop down – select one**
- Restaurant/bar
 - Gyms and Fitness Facility
 - Recreation or Entertainment Facility
 - Youth Sports
 - Civic or Aquatic Center
 - Other business that principally sells goods or services to industries closed by Executive Order 20-99

If you select 8f, go to Question 9. Otherwise skip to Question 12.

- 9) Please provide a description of your Industry or business. **Enter text answer**

- 10) Which category of businesses do you serve that was shut down due to Executive Order 20-99?
Drop down – select one
- a. Bar/Restaurants
 - b. Gyms/Fitness Facilities/Youth Sports
 - c. Recreation Facilities/Entertainment Venues
- 11) Please provide details regarding the goods or services you provide for the businesses that were closed due to Executive Order 20-99. *This will be used to determine eligibility of indirectly impacted businesses – please provide a detailed response showing a connection to the businesses closed under the executive order. **Enter text answer**
- 12) Approximate business start date – select date below. **Select a date from the calendar box**
- 13) Annual Revenue for 2020. **Enter text answer**
- 14) Estimated percentage of revenue lost in 2020 as compared to 2019. **Select on sliding scale from 0% to 100%.**
- 15) Number of W-2 employees on November 1st, 2020. (May be broken down into full time and part time employees). **Enter text answer**
- 16) Have you been notified your business will receive or has your business received a direct allocation of funding from the state of Minnesota Department of Revenue or Minnesota Department of Employment and Economic Development (DEED)? **Select one**
- a. Yes - Department of Revenue – Relief Payments to Restaurants, Bars, Gyms, and Other Similar Businesses; Appropriation
 - b. Yes - Department of Employment and Economic Development – Relief Grants to Convention Centers and Movie Theaters; Appropriation
 - c. No
 - d. Unsure
- 17) If you answered yes to the question above, how much did you receive? **Enter text answer**

Owner info

Any answers provided below will be used for survey and program reporting purposes only. All applicants are encouraged to respond, but answers provided- including 'Prefer Not to Answer'- will have NO impact on award selection or eligibility.

- 18) Owners name. **Enter Text**
- 19) Owner's Race. **Select from drop-down.**
- 20) Owner's Gender. **Select from drop-down.**
- 21) Owner's Veteran Status. **Select from drop-down.**

Certification Statement

I certify that the information provided in this application is true and accurate in all material respects. I also certify that, to the best of my knowledge, my business is not subject to a Tax Lien or tax collection action. Additionally, I certify that I have not received other funding for the same expenses that I am seeking reimbursement for under this grant. I understand that I am responsible for paying back funds to the county if it is found that I have misrepresented the information on this application. I authorize NextStage to utilize the information provided to determine my business' eligibility for the program and to share the information I have provided in this application with Scott County and the Scott County CDA. I understand that any further information submitted in this application may become public record. I further understand that if selected, I will be required to provide additional documentation to determine my eligibility, which shall be viewed and retained exclusively by NextStage personnel, and will not be released to the County, CDA, or made public.

I understand that while this program was established with funding from the State of Minnesota, in the event federal funding becomes available, the funding source of any potential grant to my business may change. In that event, I agree to comply with all terms of the federal funding source, and any applicable Single Audit Act requirements.

22) Certification Statement. **Select one.**

- a. I agree with the statement above
- b. I don't agree with the statement above.