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# LAKE OF THE WOODS COUNTY EDA BUSINESS ASSISTANCE APPLICATION

## 1. Business Information

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

## 2. Amount of Request:

## 3. Please describe how this COVID-19 pandemic is impacting your business:

## 4. Other COVID – 19 Funding Awards Received

Paycheck Protection Program (PPP) \_\_\_\_\_

Minnesota Small Business Emergency Loan (SBEL) \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Total:** \_\_\_\_\_

**5. Briefly describe the use of funds:**

Lease or Mortgage Payments

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Inventory

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Working Capital

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Other: \_\_\_\_\_

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Total

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# Lake of the Woods COUNTY

## COVID - 19 Business Assistance Program

### Required Documentation Checklist

#### Financial Information

- Prepared Financial Statements for 2 years, Historical Cash Flows for last 18 months, income statements, or last 2 years completed tax returns.
- Documentation of funding received to support COVID – 19 expenses (for example PPP loans or Minnesota SBEL funding)

#### Post – Award Documentation

- Final Financial Disclosure Form
- Award Agreement

**Certification:** I certify that the contents of this application and attachments are true and correct to the best of my knowledge. I authorize the Lake of the Woods EDA and its contracted staff to make inquiries regarding my credit history and statements contained in this application and attachments. I also authorize other lenders and my professional partners as listed above, to release information to the Lake of the Woods EDA as necessary to process my application.

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Applicant's Name (Typed)

Signature of Applicant

Date