

Lake of the Woods COUNTY
COVID - 19 Business Relief Assistance Program. Phase 2

Required Documentation Checklist

Required attachments

- Business Revenues and Expenditures 2019-2020
- 2019 completed tax returns
- Documentation of funding received to support COVID – 19 expenses (for example PPP loans or, Previous County Grant funds, Minnesota SBEL funding)

Post – Award Documentation

- Final Financial Disclosure Form

LAKE OF THE WOODS COUNTY COVID-19 BUSINESS ASSISTANCE APPLICATION ROUND 2.

Business Name: _____

Business Owner: _____

Property Address: _____

Mailing address (If different from above) _____

Phone: (_____) - _____ E-Mail: _____

Federal ID: _____

Type of Business: _____

(Restaurant, Retail, Type of Service, etc.)

Business Impact Information (March 1, 2020 to December 31, 2020)

Total Revenue during impact (include sales, grants, forgiven loans, etc.) \$ _____

Total Revenue during the same time period 2019 \$ _____

Brief Description of How the Business has been Impacted by COVID – 19:

Cash Flow Statement Template (March 1, 2020 to December 31, 2020)

Period	3/1/19- 12/31/19	3/1/20- 12/31/20
Gross Revenues		
Less: Cost of goods sold, if applicable		
Gross Profit	\$	\$
Operating Expenses:		
Accounting/legal/professional fees		
Advertising		
Bank charges/credit card fees		
Contract labor		
Insurance		
Internet/phone		
Loan payments - scheduled		
Meals/entertainment		
Miscellaneous		
Office supplies		
Payroll - wages		
Payroll tax		
Payroll - benefits		
Real estate taxes		
Rent		
Repairs/maintenance		
Training		
Travel		
Utilities -electricity/heat/water/garbage		
Vehicle		
Other		
Total Operating Expenses	\$	\$
Net Income (Loss)	\$	\$

Brief Description of any planed expenditures or costs related to COVID – 19, not listed above.:

Expected Use of Funds

Lease or Mortgage Payments	_____
Inventory	_____
Working Capital	_____
Other: _____	_____
Total	_____

Authorization for Release of Information

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. I declare that I am current on all financial obligations as of March 1, 2020 and have not filed or are currently filing for bankruptcy. I authorize Headwaters Regional Development Commission to verify any information contained in this application and to share this information with the Award Committee or other organizations related to this award as necessary.

Signature/Title of Applicant

Date

Signature/Title of Applicant

Date

Return this form along with supporting documentation on the attached checklist to by mail, email, or fax to:

Ryan Zemek, Headwaters Regional Development Commission
P.O. Box 906
Bemidji, MN 56619-0906

Email: rzemek@hrdc.org

Fax: (218)444-4722