Project Backstop Grant Application

APPLICANT DATA			
Name of Business		Phone number (include area code)	
Business address		City, state, zip	
Name of Owner(s)		Phone number (include area code)	
Home address		City, state, zip	
Description of business			
Type of business	Sole proprietorship	LLC	artnership
Date established		Tax ID Number	
SIGNATURES			
I declare that any statement in this application, or information provided herein is true and complete to the best of my knowledge. By signing, I understand that this application will be provided to the EDA Review Committee, a public decision-making body. In addition, the entire contents of this application may be considered public information that must be provided to the public upon request. Information disclosed will only be to the extent necessary to comply with State of Minnesota Data Practices Statutes.			
Name of business			
Ву		Title	Date
NUMBER OF EMPLOYEES			
Dravide the number of employees, including self /6 ETEs or loss required to			

Please address these four items on a separate sheet of paper.

- 1. Provide detailed information about how your business has been affected by the Covid-19 pandemic
- 2. How the money will be used?
- 3. Have you applied for State or Federal aid programs? If not, do you need help applying?
- 4. Do you anticipate being able to pay back any amount to the fund, even if after 12-18 months of economic recovery? Please note, this is not a requirement to receive a grant but for our planning purposes only.