



City of Rushford

101 N. Mill St., P.O. Box 430, Rushford, MN 55971

Phone: 507-864-2444 Fax: 507-864-7003

www.rushford.govoffice.com

citykaz@goacentek.net

RETURN THIS FORM WITH SUPPORTING DOCUMENTATION TO CITY HALL ANY **TIME BEFORE 9/21/20**. YOU MAY MAIL THE INFORMATION TO: CITY OF RUSHFORD, PO BOX 430, RUSHFORD, MN 55971; DROP OFF AT CITY HALL OR SEND VIA EMAIL TO: citykaz@goacentek.net

DEPENDING ON NUMBER OF APPLICATIONS AND AMOUNT OF AWARDS, SEVERAL ROUNDS OF FUNDING MAY BE OFFERED.

THE CITY MUST FOLLOW FEDERAL & STATE GUIDELINES IN THE AWARDING OF THESE FUNDS. MORE INFORMATION ABOUT THESE GUIDELINES IS AVAILABLE AT: <https://home.treasury.gov/policy-issues/cares>.

ALSO BE AWARE THAT FILLMORE COUNTY HAS A SMALL BUSINESS RELIEF GRANT OPPORTUNITY WITH APPLICATIONS SOON TO BE AVAILABLE ON THE FILLMORE COUNTY WEBSITE. YOU CANNOT APPLY TO BOTH THE CITY AND THE COUNTY FOR THE SAME EXPENSE PURPOSE

CITY OF RUSHFORD CARES RELIEF GRANT APPLICATION

Economic development relief grants are intended to partially reimburse **businesses and non-profits** located within the City of Rushford for costs associated with the COVID-19 pandemic. Grant funds will be awarded solely for expenses incurred between 3/1/20 and 12/30/20, and must comply with all Federal and State CARES Act fund guidelines. Applicants must have been in business prior to 2/1/20 and be registered with the State and in good standing.

Eligible reimbursements will include compensation due to economic hardship, loss of business, mandatory shutdowns, costs associated with personal protective equipment for employees and customers, sanitizing products, facility readiness or unpaid utility bills. All claims must be able to be substantiated by a valid receipt or invoice and may be subject to audit.

Ineligible expenses include payment of property taxes, any expenses accrued prior to 3/1/20 and any expenses not connected directly to COVID-19 response.

Applicant Information

Business Name: _____ DBA _____

Business Owner (s): _____

Service Address: _____ Phone: _____

Mailing Address: _____ Email: _____

Type of Business: Corp _____ LLC _____ Partnership _____

Non-Profit Type: _____

Fed Tax ID _____ or if Sole Proprietor: Soc.Sec.# _____

State Tax ID _____

Number of full-time employees: _____ Number of part-time employees: _____

Briefly describe how your business has been negatively impacted:

Intended use of grant funds. Reimbursement of existing expenses or intended future expenses:

- \$ _____ Loss of business; loss of income from mandatory shutdown
- \$ _____ Modify customer or employee areas; signage for guidelines
- \$ _____ Purchase personal protection equipment, sanitation supplies, etc.
- \$ _____ Purchase additional cleaning/sanitation supplies
- \$ _____ Purchase modifications such as screens, buffers for social distancing
- \$ _____ Inventory/supply changes during shutdown and re-opening periods
- \$ _____ To make rent, mortgage or utility payments during the authorized period
- \$ _____ Obtain computer hardware or software to support remote work
- \$ _____ Other: Describe _____

Attach pertinent invoices and receipts. Attach any narrative that further explains or describes your financial loss, your unaccounted for extra expenses and your estimate of extra expenses yet to be covered through the end of the fiscal year.

Priority consideration will be given to businesses that are owned by veterans, women or racial minorities; businesses that employ six or less people; businesses that have not received aid from other government sources; and/or businesses directly impacted by specific Governor executive orders which restricted operations.

Please indicate any COVID-19 relief funding you have received or have been approved to receive and indicate the dollar amount:

Paycheck Protection Program _____ Pandemic Unemployment Asst. _____
Economic Injury Disaster Loan _____ Small Business Emergency Loan (SBEL) _____
Unemployment _____ Other _____

Certification and Signature:

- I (we) declare that all information provided herein is true and accurately represents the financial condition of the applicant and the business.
- I (we) certify that the business has been negatively affected by the COVID-19 emergency as described herein.
- I (we) acknowledge that any CARES grant funds determined to have been used for a purpose not authorized by the CARES Act, must be returned to the City and that I am liable for such funds.
- I (we) intend to remain in businesses into 2021.
- I (we) understand that the City may publish a list of grant recipients, including the amount of individual awards at the close of the grant period. Information I submit to the City as part of this application may be subject to inspection.
- I (we) shall cooperate with the City or appropriate officials for grant auditing purposes.
- I (we) understand we will be required to file a W-9 form to accept payment.
- I (we) understand that any grants awarded will be considered gross income taxable under the Internal Revenue Code.

Business Name _____

Signature

Date

Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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OR								
Employer identification number								
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*