

# CLEARWATER COUNTY COVID - 19 Business Assistance Program

## Required Documentation Checklist

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

- Certificate of Good Standing from Minnesota Secretary of State  
(dated within the last 30 days)

#### **Financial Information**

- Prepared Financial Statements for 2 years  
or
- Historical Cash Flows for last 24 months  
or
- Last two years completed tax returns
- Balance Sheet
- Schedule of Liabilities (attached form)
- Financial Projections for 12 months
- Documentation of funding received to support COVID – 19 expenses (for example PPP loans or Minnesota SBEL funding)

#### **Post – Award Documentation**

- Final Financial Disclosure Form

**CLEARWATER COUNTY  
COVID – 19 Business Assistance Program**

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

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

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

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Township \_\_\_\_\_ Amount of Request \$ \_\_\_\_\_

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

**Other COVID – 19 Funding Awards Received**

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

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

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

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

Total \_\_\_\_\_

Briefly explain how you used the above funding and why you still need assistance:  
\_\_\_\_\_  
\_\_\_\_\_

**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.

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Signature/Title of Applicant

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Date

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Signature/Title of Applicant

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Date

Return this form along with supporting documentation on the attached checklist to:

Ryan Zemek, Headwaters Regional Development Commission

[rzemek@hrdc.org](mailto:rzemek@hrdc.org)

(218) 760-4729

# CLEARWATER COUNTY

## COVID - 19 Business Assistance Program

### Schedule of Liabilities (Notes, Mortgages and Accounts Payable)

Applicant's Name: \_\_\_\_\_ Date of Schedule: \_\_\_\_\_

Name of Creditor	Original Amount	Original Date	Current Balance	Current or Delinquent?	Maturity Date	Payment Amount (Month - Year)	Security

Signature of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

You may use your own form to provide this information

**CLEARWATER COUNTY  
COVID - 19 Business Assistance Program**

**Final Financial Disclosure Form**

Business Name/Applicant: \_\_\_\_\_

**Amount of Award**

Total \_\_\_\_\_

I certify that I have received funding from the Clearwater County COVID - 19 Business Assistance Program in the amount listed above and will use the funds eligible uses. I further certify that I have reported all other funding that I have received from other sources that are required to be reported. I acknowledge that the funds received may be subject to Federal, State and Local income taxes as determined by my tax professional. I understand that I may be required to provide additional documentation for ongoing reporting and will provide all information requested by Headwaters Regional Development Commission within 10 days of the request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this form to:

Mary Thompson, Headwaters Regional Development Commission  
[mthompson@hrdc.org](mailto:mthompson@hrdc.org)  
(218) 368-7980