



Jump Start Owatonna Grant Application

APPLICANT INFORMATION

Applicant Business Name: _____

Business Phone: _____

Website (if applicable): _____

Business Address (Street, City, State, Zip): _____

Employee Count (Full-Time Equivalents): _____

Business Description: _____

Applicant Name: _____

Applicant Phone: _____

Applicant Email: _____

NEEDS ASSESSMENT

How has the business been impacted by COVID-19?

Estimate the COVID-19 impact on the business revenues over the last 3 months.

- 0-20%
- 21-40%
- 41-61%
- 61-80%
- 81-100%

What needs does the business have as a result of COVID-19? Select all that apply:

- Cleaning & Sanitation Supplies (e.g., hand sanitizer, cleaning products, etc.)
- Equipment Repair/Replacement (e.g., touchless dispensers, serving of equipment, etc.)
- Supplies to Support Business Adjustment Activity (e.g., spacing markers, sneeze guards, air filtration, etc.)
- Marketing/Public Relations/Communication (e.g., signage, advertising, etc.)
- Personal Protective Equipment (e.g., masks, face shields, etc.)
- Professional Services (e.g., Marketing, Social Media, Accounting, etc.)
- Cash: \$ _____
- Other: _____

Note: the Jumpstart Owatonna Support Fund will not provide support to address standard recurring operational costs, such as rent, employee related expenses or other that occur in the ordinary course of business.

Describe specifics of items selected and their impact to the business goals over the next 3-6 months.

How will the business measure the impact of this grant? (e.g., increased sales numbers, increased web traffic, etc.)?

Required Documentation & Agreement

Attached the following document with this application:

- W-9 for applicant business

The Undersigned Applicant Affirms:

1. The information in this application is true and accurate.
2. The applicant has read and understands the *Jump Start Owatonna* grant eligibility guidelines and conditions.
3. If chosen as a grant recipient, the recipient agrees to:
 - a. Allow Owatonna Chamber of Commerce & Tourism (OACCT) or its affiliates to publicly share the recipient's company name including logo or branding on written and/or electronic materials.
 - b. Measure its effectiveness in accomplishing its objectives toward use of grant funding following 3-6 months of receiving funding and disclose those benefits upon request of the OACCT or its affiliates and furthermore recognizes that those benefits may be used in reporting by those in any media.
4. Awarded services provided to the grant recipient through in-kind services are not proprietary to the grant recipient and there exists the possibility that other grant recipients may benefit from the same in-kind services. Furthermore the grant recipient agrees it has no claim to intellectual property of any ideas, marketing, market positioning, or potential outcomes by other grant recipients.
5. The OACCT *Jump Start Owatonna* Grants Review Committee reserves the right, in its sole discretion, to accept or reject this application.

Signature of Applicant: _____

Date: _____