



BUSINESS DEVELOPMENT FUND GRANT APPLICATION FORM

Last revised: October 27, 2025

Application Checklist

Please review the following checklist to ensure that all required materials are included with your application. Incomplete applications will not be reviewed.

Required Items

- Completed Application Form (this form)
- Project budget (itemized costs + funding sources + quotes/estimates for project costs)
**Documentation for product/equipment/material purchases can be in the form of estimates from a manufacturer or retailer, screenshots of online orders, or self-made documents with pricing, links, images, and description.*
- Current Cook County Property Tax Statement (for projects involving the development (including renovations) or purchase of real estate)
- Current Grand Marais Utility Bill (for projects involving the development (including renovations) or purchase of real estate within Grand Marais)
- Certificate of Good Standing from the Minnesota Secretary of State or MN Tax ID proof (for sole proprietors).
You can order and/or download a copy of your registration here:
<https://mblsportal.sos.state.mn.us/Business/Search>
- Application form signed (end of form; applicant certification and acknowledgement)

Optional but Encouraged

The following items, while optional, will greatly enhance your application. The Grant Review Committee may request one or more of these items to support an application.

- Business Plan and/or Financial Projections
- Letter(s) of Support / Community Partnerships
- Renderings, photos, or visual materials
- Evidence of matching funds (required match per tiered formula in program guidelines)

Submission Instructions and Deadlines:

Application materials must be submitted via email to director@cookcountymneda.org or mailed to:
Cook County/Grand Marais Joint EDA
PO BOX 597, Grand Marais, MN 55604

Applications must be received by 11:59 p.m. CST (midnight) on the first Wednesday of February, May, and September. Applications received after the deadline will be reviewed in the next cycle.

Business Information

Registered Business Name:

Assumed Name (DBA) If Applicable:

Active MN Registration File Number:

Legal Structure (e.g., LLC, Corporation, Sole Proprietorship):

MN State Tax ID # (if sole proprietor):

Business Physical Address:

Business Mailing Address:

Business Phone:

Business Website:

Business Social Media (if applicable):

Applicant Name:

Applicant Title (e.g. Owner, Co-owner, Executive Director):

Applicant Email:

Applicant Phone:

Are all properties owned by you or your business current on Cook County property tax payments, and if applicable, City of Grand Marais utility accounts?? Yes No

Description of Business

Please briefly describe your business. Include the following details as applicable:

- Type of business – what sector or industry do you operate in?
- Products or services – what does your business offer to customers or clients?
- Business history – when was your business founded, and what are some key milestones or growth highlights since then?

Project Description

Please provide a summary of the project, including the following. Attach additional narrative pages if needed.

1) Project Scope: Briefly describe what you plan to do with the grant funds and the main objective of your project.

2) Need or Problem: Explain the need or challenge your project addresses. Why is this project necessary for your business or the community?

3) Anticipated Outcomes: Describe the expected results or benefits. How will you measure success?

Project Start Date:

Project Completion Date:

**Grant funding will only reimburse eligible expenses incurred after EDA Board approval and execution of a grant agreement.*

Funding and Match Requirements

The Business Development Fund Grant is a reimbursement program. Applicants must demonstrate access to match funds required before receiving an award.

Match Formula:

Different match percentages apply to each portion of the requested amount.

Portion of Grant Request	Match Requirement
Request or first \$0-\$5,000	0% (no match required)
Request or portion between \$5,001 - \$10,000	20%
Portion between \$10,001 - \$25,000	35%

Example:

A \$25,000 grant request requires an effective match of \$6,250, for a minimum total project cost of \$31,250.

Complete the Following Fields:

A) Total Grant Amount Requested	\$
B) Calculated Required Match <i>Use table above or refer to program guidelines for more information</i>	\$
C) Minimum Total Project Cost (A+B)	\$

Source(s) of Matching Funds:

Please list sources of matching funds (e.g., personal savings, loan, other grants, etc.)

How will you fund your project if Business Development Grant funds are not awarded?

Economic Impact/EDA Funding Priorities

The Cook County/Grand Marais Joint EDA evaluates applications using the priorities below. Applicants do not need to meet all priorities, but should describe how their project supports one or more of them.

- **Business Creation, Expansion, and Retention:** Supports new business creation, expansion, or retention that contributes to a diverse and resilient local economy.
- **Job Creation and Workforce Development:** Creates or retains skilled jobs in Cook County, offers competitive wages, or addresses workforce housing needs.
- **Compliance and Tax Base Growth:** Complies with local ordinances, contributes to the local tax base, and supports sustainable development.
- **Redevelopment and Blight Removal:** Improves existing properties or removes blighted/underutilized sites to enhance community vitality.
- **Community Impact and Service Provision:** Expands or strengthens needed services for residents and visitors.
- **Feasibility and Project Viability:** Demonstrates clear planning, achievable timelines, and a sound budget.
- **Collaboration and Leveraging Resources:** Partners with other businesses, organizations, or agencies for greater impact.
- **Overall Need for the Grant:** Clearly articulates the need for EDA support and the challenge it will help address.

Applicant Responses

1. Business Growth – Describe how your project supports new business creation, expansion, or retention.

2. Local Tax Base – How does your project directly or indirectly increase the Cook County tax base?

3. Employment Impact – If your project supports job creation or retention, complete the following:

	Current	New (Projected)
Full-Time Positions		
Average Wage	\$	\$
Part-Time Positions		
Average Wage	\$	\$
Year-Round Positions		
Seasonal Positions		

4. Alignment with EDA Priorities – Explain how your project advances one or more of the EDA’s funding priorities listed above.

5. Unmet Needs – Does your project fulfill a need or provide a service currently lacking in Cook County? Describe.

6. Workforce Housing – Does your project create or support workforce housing opportunities?

Yes

No

If yes, please describe

7. **Feasibility – Is your project realistic given the timeline and budget you’ve provided? What additional steps or funding must be secured to complete the project?**

Community Impact

Describe your business’s connection to Cook County and how the project will strengthen the local business community.

Applicant Certification and Acknowledgement

By signing below, I (we) certify and acknowledge that:

- All information provided in this application is true and complete to the best of my (our) knowledge.
- All properties owned by me (us) or my (our) business in Cook County are current on property tax payments, and if located within the City of Grand Marais, all utility accounts are current.
- I (we) understand that incomplete applications will not be reviewed.
- I (we) understand that any work performed or costs incurred prior to EDA Board approval and execution of a grant agreement are not eligible for reimbursement.
- I (we) understand that submission of an application in now way guarantees approval of funding.
- I (we) understand that information in this application will be handled in accordance with Minnesota Government Data Practices Act (Minn. Stat. Ch. 13).

Applicant Name

Co-Applicant Name

Applicant Signature Date

Co-Applicant Signature Date