

### **BUSINESS DEVELOPMENT FUND GRANT APPLICATION FORM**

Last revised: August 11, 2025

## **Submission Checklist**

Cook County EDA PO Box 597

Grand Marais, MN 55604

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

| Required Materials  ☐ Completed Application Form (this form)   |  |  |  |  |
|--|--|--|--|--|
| ☐ Project budget (with Itemized project costs and funding sources)   |  |  |  |  |
| ☐ Formal estimates or quotes (from contractors/service providers for the requested grant fur *Documentation for product/equipment/material purchases can be in the form of estimates from manufacturer or retailer, screenshots of online orders, or self-made documents with pricing, link images, and description. |  |  |  |  |
| $\ \Box$ Current Cook County Property Tax status (for projects involving the development (including renovations) or purchase of real estate)   |  |  |  |  |
| ☐ Certificate of Good Standing from the Minnesota Secretary of State. (You can order and/or download a copy of your registration here: <a href="https://mblsportal.sos.state.mn.us/Business/Search">https://mblsportal.sos.state.mn.us/Business/Search</a> )   |  |  |  |  |
| ☐ Evidence of Match Funds (if applicable)  |  |  |  |  |
| <b>Supplemental Materials</b> 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   |  |  |  |  |
| $\ \square$ Business Financial Documents, such as Profit and Loss Statement or Revenue Reports   |  |  |  |  |
| $\hfill \Box$ Letter(s) of Support from the community/evidence of support from the community in which your business operates   |  |  |  |  |
| $\square$ Supporting documents including, but not limited to renderings, portfolios, resumes, reports, project narratives, and pictures  |  |  |  |  |
| $\square$ Procedure, review process, and evaluation plans (outline how project will be carried out, detailed timeline, how success of project will be measured/evaluation plan)  |  |  |  |  |
| Application materials can be submitted via email to director@cookcountymneda.org or mail:  |  |  |  |  |

# Business Information Registered Business Name: Assumed Name (DBA) If Applicable: Active MN Registration File Number: Legal Structure (e.g., LLC, Corporation, Sole Proprietorship): 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 Phone:

# **Description of Business**

Are you or your business delinquent on Cook County Property Tax?

Please describe your business, including the following: type of business (what sector or industry does your business operate in), services or goods your business offers to customers, business history (when was your business founded, and what has been its growth or key milestones since its inception). Please attach additional narrative pages if needed.

No

Yes

# **Project Description**

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

|    | unding  |
|----|---|
| *G | pject Start Date: Project Completion Date: Frant funding will only be provided for approved expenditures incurred after the EDA Board approval dexecution of a grant agreement. |
| 3) | Anticipated Outcomes: What are the expected results or benefits of the project? How will you measure its success?   |
| 2) | <b>Need or Problem:</b> Define the need or challenge your project aims to address. Why is this project necessary for your business or the community?                            |
| 1) | <b>Project Scope:</b> Briefly describe the project and its objectives. What are you planning to do with the grant funds?  |

# **Funding**

For grant requests exceeding \$5,000, there is a matching requirement. The matching requirement requires the grantee to invest their own money into the project. Please complete the following table.

| A) Grant Amount Requested  |  |
|--|--|
| <ul> <li>B) Minimum Matching Requirement (if applicable)</li> <li>If your grant request is \$5,000 or less, enter "0".</li> <li>If your grant request is between \$5,001 and \$10,000, enter 10% of the Item A.</li> <li>If your grant request is between \$10,001 and \$25,000, enter 25% of the Item A.</li> </ul> |  |
| C) Total Project Cost<br>*Must be equal to or greater than the grant request + required match  |  |

### **Economic Impact/EDA Funding Priorities**

To ensure that your project aligns with the goals of the Cook County/Grand Marais Joint Economic Development Authority (EDA), please review the following Strategic Initiatives. These priorities guide the EDA's funding decisions and overall approach to economic development and will be used to evaluate applications. Please note that applicants do not need to meet all priorities listed.

**Business Creation, Expansion, and Retention**: Projects that support new business creation, the expansion of existing businesses, or the retention of local businesses. The EDA seeks project that contribute to a diverse and resilient local economy.

**Job Creation and Workforce Development**: Projects that create or retain skilled jobs in Cook County and that offer competitive wages or address workforce housing needs.

**Compliance with Local Regulations and Tax Base Growth:** Projects that adhere to local ordinances and regulations, contribute directly or indirectly to the local tax base, and support sustainable growth in Cook County.

**Property Redevelopment and Blight Removal:** Projects that involve the redevelopment of existing properties or the removal of blighted, underutilized properties to improve community vitality and economic opportunities.

**Community Impact and Service Provision:** Projects that provide needed services to Cook County residents and visitors, especially in areas where services are limited or underdeveloped.

**Feasibility and Project Viability**: Projects that are well-planned and achievable within the proposed timeline and budget. This includes a clear plan for implementation, outlining the necessary steps and resources for successful completion.

**Collaboration and Leveraging Community Assets:** Projects that demonstrate collaboration with other businesses, organizations, or government entities and that leverage community assets for greater impact.

**Overall Need for the Grant:** Projects that clearly articulate the need for funding, explaining how the grant will address a specific challenge or opportunity for the business or community.

1) Describe how your project supports new business creation or the expansion of an existing business.

| 2) | How does your project directly or indirectly increa | ise the local tax base?                        |
|----|---|--|
|    |   |  |
|    |   |  |
|    |   |  |
|    |   |  |
|    |   |  |
| 3) | If your project supports the creation or retention  | of jobs, please complete the following fields: |
|    | Number of <u>current</u> Full Time Positions:       | Average Wage:                                  |
|    | Number of <u>current</u> Part Time Positions:       |  |
|    | How many <u>current positions are year-round?</u>   |  |
|    | How many <u>current</u> positions are seasonal?     |  |
|    | Number of <u>new Full Time Positions:</u>           | Average Wage:                                  |
|    | Number of <u>new Part Time Positions:</u>           | _ Average Wage:                                |
|    | How many <u>new positions are year-round?</u>       |  |
|    | How many <u>new</u> positions are seasonal?         |  |
| 4) | Describe how your project aligns with the strateg   | ic initiatives/funding priorities of the EDA.  |
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| 5) | Does your project fulfill an unmet need or service  | e in Cook County?                              |
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|    |   |  |
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| Appl             | icant Name   | Co-Applicant Name   |                              |
|------------------|--|---|------------------------------|
| ,                | funding.  I (we) understand that incompl I (we) understand that any wor EDA cannot be funded by a Bus guidelines. I (we) understand that informa | ng an application in no way ensures approval of<br>ete applications will not be reviewed.<br>It performed <u>prior to</u> this application and/or application and/or application and/or application be prior to this application will be treated in this application will be treated to the prior | proval from the g to program |
| <u>Cor</u><br>1) | nmunity Impact  Describe your connection to Coo  | County.   |                              |
| 7)               |  | neline and budget you've provided for implen<br>must funding be secured to complete the pro   |                              |
|                  | Cook County?   |   |                              |
| 6)               |  | on of workforce housing or address unmet hou  | ising needs in               |