



ELIGIBILITY CHECKLIST

Please answer the following questions to determine if your organization qualifies for the Dakota County Nonprofit Relief Program. Review Dakota County Nonprofit Relief Guidelines for more details on eligible organizations and expenses

1. Is the organization a 501(c)(3) nonprofit that provides human services or public health services to Dakota County residents, or a 501(c)(6) Chamber of Commerce or Convention and Visitor Bureau serving Dakota County businesses?

Yes

No

2. Does the organization have a physical location in Dakota County, or are at least 20% of the people served Dakota County residents?

Yes

No

3. Is the organization in good standing with Minnesota Secretary of State, Minnesota Department of Revenue, Dakota County, and registered with the state if required to do so by law as of March 1, 2020?

Visit <https://mbportal.sos.state.mn.us/Business/Search> to obtain certificate status. Provide evidence of this to CSAPMO@co.dakota.mn.us, along with your latest 990-tax form.

Yes

No



ORGANIZATION PROFILE

4. Name of Organization:

5. Business EIN#:

6. Business Address

Address*

Address 2

City/Town*

State/Province*

ZIP/Postal Code*

7. Contact Person

Name*

Title*

Email Address*

Phone Number*

8. Organization Website:

9. Describe scope of services provided to Dakota County residents and/or businesses. Include populations served and impact in the community (e.g. emergency food assistance to low income residents, number of Dakota County residents served, etc.):

(Enter Text. Limit 1,000 characters.)

10. Amount Request

Total (not to exceed \$10,000):

Technology:

Training:

Supplies:

Personal Protective Equipment:

Facility Adaptations:

Operational Expenses:

Other: (if Other, please explain)

11. Describe expenses and why they are necessary due to the COVID-19 public health emergency (e.g. personal protective equipment, technology to improve distance communications). Dakota County reserves the right to request additional information for verification purposes.

(Enter Text. Limit 1,000 characters)

12. Beyond the \$10,000 available through this program, do you have additional COVID related expenses that have not otherwise been covered? If so, please describe: (Enter Text. Limit 1,000 characters)

13. Have you been awarded and received financial assistance from any of the following COVID-19/CARES Act loan or grant program categories? (Check all that apply)

- Federal programs (PPP, EIDL, SBA Loans, etc.)
- Any COVID-19-related MN DEED grant or loan program
- Other local (city) grant programs
- Have not received any other loans or grants related to COVID-19
- Have applied but not awarded, as of this application submission.

14. If so, enter program:



CERTIFICATION AND PUBLIC INFORMATION DISCLOSURE

* 15. I certify that the information provided in this application is true and accurate in all material respects. I authorize Dakota County to utilize the information provided to determine eligibility and to share the information with other governmental entities as may be necessary. I understand that any information submitted in this application may become public record.

I understand and agree with the above statement

* 16. Applicant Initials:

* 17. Recipients are required to report how the funds were spent to Dakota County by November 10, 2020. If you receive the Dakota County Non-profit Relief, do you commit to providing the requested documentation?

I agree with I will provide the required documentation demonstrating how the funds were spent

* 18. Applicant Initials:



Thank you for completing the Dakota County Nonprofit Relief application.