

Grant Preparation Worksheet

THIS IS NOT AN APPLICATION. IT IS A PREPARATION DOCUMENT.

The following information is intended to help you prepare for your MN PROMISE Act Grant application. It reflects the questions on the application, and documents you will be required to upload as part of the process. This information may be subject to change as new information becomes available.

Applicant Contact Information

The applicant i	must be the individual who is au	ıthorized to sign gra	nt closing docu	ments upon	behalf	of the business.	
Applicant Fu	ıll Legal Name						
Email			Mobile Phone				
Applicant	Photo ID						
	oe asked to upload the ID of the ind /not expired. What identification w		ign grant closing	documents o	n the ap	plying business' behalf. Submitte	d ID
☐ Minr	nesota-Issued ID – Driver's License	or State ID Card	□ Fe	deral issued I	D – US F	assport or Passport Card	
Business	Partner Names						
Are there addition Registration	onal business owners who own at l	east 20% of the busin	ess? Information	must match	your MN	Secretary of State Business	
	Name			Titl	le		
Partner 1							
Partner 2							
Partner 3							
Partner 4							
Eligible Bı	usiness Information						
Minnesota and	ust match the legal name on su d Federal tax returns. Applicants revenue on your tax forms see p	s can submit returns	from 2021 and				you
Name or Lega	l Business or Sole Proprietor						
How is this business structured?		☐ Single Mer Company ☐ Limited Lia	prietor (1040 Schedule C) ember Limited Liability by filing as a sole proprietor Liability Company filing as a			Cooperative Limited Partnership Nonprofit Corporation	

Business Corporation

Grant Preparation Worksheet Updated: Wednesday, April 24, 2024

What ye	ar did this business first file business	taxes?				
	your Business Tax Identification Numb					
	oprietor, enter your Social Security No a registered business, enter your Emp				er	
		,				
If 2021 and 2022		2021			2022	
What wa	ns this business' gross annual ?					
What was your business' gross net income?						
If 2022 and 2023		2022			2023	
What was this business' gross annual revenue?						
What wa	as your business' gross net income?					
Upload le	e Business Operating A gal business document(s) clearly dem ng Business Address		eligible d	operating addre	ess.	
	a an arating address O	☐ State or Federal Tax Document			□ Business Licensure	
or otigiot	o oporating addresse.	☐ MN Secretary of State Business Registration ☐ Business Lease Agreement				
Eligibl	e lise					
Applicant		the grant funds will be used fo	r each o	of the following	eligible uses. * Other = similar expenses that	
Payroll		E				
Rent / Mortgage						
Utilities .	Utilities					
Resou	rce and Document List					
These are	the documents you will need, and info	ormation you must know, abou	ut your b	ousiness when	applying for a MN PROMISE Act Grant.	
	Government-Issued Photo ID (show	ing applicant legal first			tion Number(s)	
and last name) Proof of Operating Business Addre		• •			ietor: SSN or <u>ITIN</u> <u>Scode</u> the best describes your business	
as a lease or business licensure)		☐ Registered			usiness: Federal EIN and MN State Tax ID	
☐ Two years of federal and MN state OR 2022 and 2023					eck: If awarded, grant funds can only be sent cally. You will be required to upload a voided check	
☐ MN Secretary of State Business Fil		<u>e Number</u> , unless sole that match		that matches	the business name and information on other	
proprietor If a Sole Proprietorship: name of a					nd includes your routing and account numbers. s will not be accepted.	
	own 20% of more of applying busine			W9 Form		
				Business Stru	ucture (see table below)	

Tax Form References

Business Structure	IRS Form References	IRS Form References	Net Revenue (Minus	
		Gross Revenue (Gross Sales)	COGS)	
Sole Proprietor or Single Member Limited Liability Corporation (LLC)	1040 - Schedule C	Line 3	Line 5	
LLC, S-Corp, C-Corp, B-Corp or Cooperative	1120s or 1120c	Line 1c	Line 3	
Limited Liability Partnership or Limited Partnership	1065	Line 1c	Line 3	
Business Structure	IRS Form References	IRS Form References	Net Revenue (Minus	
		Gross Revenue (Gross Sales)	COGS)	
Nonprofit	990	Line 12	Line 12 minus 8	

Additional Questions

- 1. How did you hear about this program?
- 2. How was your experience?
- 3. Provide a brief description of how these funds will impact the success of your business.
- 4. Did you receive assistance in filling out this application?
- 5. In the future, are you interested in receiving assistance for your business?
- 6. What language(s) do you speak?
- 7. Has your business community been adversely impacted by any of the following? Check all that apply
 - o Structural racial discrimination
 - Civil unrest
 - Lack of access to capital
 - A loss of population
 - An aging population
 - o Lack of regional economic diversification
 - None of the above

- 8. Check all that apply. {Multi-select checkbox}
 - At least 51% of the business is owned by individuals who are Black, Indigenous, or People of Color
 - At least 51% of the business is owned by individuals who are veterans
 - At least 51% of the business is owned by individuals who are women
 - At least 51% of the business is owned by individuals with a disability
 - At least 51% of the business is owned by individuals who identify as LGBTQIA+
- Please provide a brief description (one to two paragraphs) of the barriers to growth and success you or your business have faced.