

# City of Cavalier Coronavirus Relief Fund Grant Application



Per NDCC 44-04-18.4(2b), financial information will remain confidential.  
Incomplete applications will not be considered.

|                               |                                       |                                      |
|-------------------------------|---------------------------------------|--------------------------------------|
| Business Name                 | Contact Name                          | Date                                 |
| Business Address              | Mailing Address (if different)        |                                      |
| Landlord Name (if applicable) | Landlord Phone Number (if applicable) |                                      |
| Phone Number                  | Email Address                         | ND Sales & Use Tax Permit Number     |
| Number of Full-time Employees | Number of Part-time Employees         | Total Full-time Equivalent Employees |

Specifically describe how COVID-19 has impacted your business. Your response should include if, and for how long, the business was closed or partially closed. Include the extent to which your operation was affected and any modifications you made to operate.

Disclose the sources and amounts of any COVID-19 disaster relief funding or grant received.

Economic Injury Disaster Loan (EIDL) Grant

Paycheck Protection Program (PPP)

Economic Resiliency Grant (ERG)

Hospitality Economic Resiliency Grant (HERG)

Other

# Select Option A OR Option B

Option A

Option B

## Option A

How much has your business revenue decreased from January 31, 2020 to December 31, 2020 compared to the same period in the prior year?

|  |   |
|--|---|
| Gross revenue for January 1, 2019 to December 31, 2019 | - |
| Gross revenue for January 1, 2020 to December 31, 2020 | - |
| Amount of COVID-19 disaster relief funding             | = |
| Revenue difference                                     |   |
| 25% of revenue difference                              |   |

## Option B

How much did your business incur in COVID-19 related expenses between March 15, 2020 to the date of the application submission?

|  |  |
|--|--|
| COVID-19 related expenses                  |  |
| Amount of COVID-19 disaster relief funding |  |
| Total expenses                             |  |

## Certification

I acknowledge that it is the responsibility of a grantee to use and report all funds appropriately.

I acknowledge that no funds will be used for any purpose that violates federal, state, and local laws.

Signature

Name