

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
Average CMU bill	Average MDU bill	Monthly Rent/Mortgage

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.

Certification

I acknowledge that it is the responsibility of a grantee to use all funds appropriately and that no funds will be used for any purpose that violates federal, state, and local laws.

Name _____ Signature _____

For Internal Use

Total Request	Approved
Total Approved	Denied