



**“MANDAN STRONG” BUSINESS MINI MATCH APPLICATION**

**For Innovation, Adaptability & Diversification**

1. Name of Business: \_\_\_\_\_
2. Business Street Address: \_\_\_\_\_
3. Business Mailing Address (if different): \_\_\_\_\_
4. Business Principals: \_\_\_\_\_
5. Year Business Established: \_\_\_\_\_
6. Total number of employees on payroll at your Mandan location: \_\_\_\_\_
  - a. Full-time as of March 1, 2020: \_\_\_\_\_ Full-time present: \_\_\_\_\_
  - b. Part-time as of March 1, 2020: \_\_\_\_\_ Part-time present: \_\_\_\_\_
  - c. Seasonal as of March 1, 2020: \_\_\_\_\_ Seasonal present: \_\_\_\_\_
7. Were you forced to cease or drastically change business operations because of an executive order? Yes      No
8. Did you voluntarily close your business? Yes      No
9. Did you restrict public access to your business? Yes      No
10. What is your current business operation model and how does this compare to normal?

11. What impacts has the pandemic had on your business? Include employment, supply chain restrictions and other repercussions. *Note: Q20 specifically asks about financial impacts.*

12. Amount of Funding Requested: \_\_\_\_\_

13. Total Project Cost: \_\_\_\_\_

14. Intended Use of Funds (please attach cost estimates or proposals from service providers or vendors as applicable):

15. Please describe the innovation, adaptation, or diversification proposed to make your business more resilient and explain how and to what extent you believe it will be effective.

16. Have you applied, or do you expect to apply, for the N.D. Smart Restart Resiliency Grant through the N.D. Department of Commerce? Yes          No

a. If yes, what amount did you apply for? \_\_\_\_\_

b. Please explain the purpose of the request:

**Financial information prior to and following COVID-19 business restrictions collected from applicants will be exempt from public disclosure in accordance with N.D.C.C. § 44-04-18.4(5)(b).**

17. Did you apply for federal aid through the SBA Payroll Protection Program or Economic Injury Disaster Loan? Yes      No  
a. If yes, were you approved? Yes      No  
b. If no, why? \_\_\_\_\_
18. Are you current with rent (if applicable)? Yes      No  
(if no, amount more than 60 days past due): \_\_\_\_\_
19. Do you have any outstanding loans or debts that are past 60 days due? Yes      No  
(if yes, please indicate the amount): \_\_\_\_\_
20. Please describe the financial impacts of COVID-19 on your business. Include current sales as compared to year-ago data if available. For businesses less than 1 year old, you may include data from prior months in 2020. Supporting documentation is helpful.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_