



HAYFIELD ECONOMIC DEVELOPMENT AUTHORITY

P.O. Box 53 • 18 West Main Street • Hayfield, MN 55940

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HEALTHY HAYFIELD SUPPLY REIMBURSEMENT GRANT PROGRAM APPLICATION

Business Name: _____

Business Address: _____

Primary Contact: _____

Contact Email: _____

Are you a locally-owned and operated businesses in the 55940 zip code? YES NO

How many full time employees does your business have? _____

What Supplies have you purchased or do you plan to purchase?

Please identify each item & how each will be utilized in your current Preparedness Plan.

Do you Plan to purchase these items locally? _____ YES _____ NO

If not, please explain why you are unable to purchase locally.

How much are you requesting from the program? \$ _____

(maximum amount of \$1,000)

Applicant Name (printed) _____

Applicant Signature _____ Date: _____