

Michigan Small Business Survival Grant - Application

Application Instructions for the Michigan Small Business Survival Grant (MSBSG)

The State of Michigan has allocated \$55 million to implement the Michigan Small Business Survival Grant Program to support the needs of eligible Michigan businesses that have experienced a significant financial hardship due to the COVID-19 emergency “Gatherings and Face Mask Order” (“Order”) issued by the Michigan Department of Health and Human Services on December 7, 2020 taking effect on December 9, 2020 at 12:01 a.m. through December 20, 2020 at 11:59 p.m. and the order taking effect on November 18, 2020 entitled gatherings and face mask order that it rescinded and replaced (collectively, the “Order”).

Before you begin your application please be aware that you will not be able to save your application and return to it later; however, you will be able to access and edit your completed application after you’ve submitted it until the application window has closed on Friday, January 22nd at 12:00 Noon EST.

PHYSICAL COPIES OR EMAILED COPIES OF THIS APPLICATION WILL NOT BE ACCEPTED.

If you have any questions, please contact the MEDC Service Center at (888) 522-0103 (select menu option 1). Hours are 8am-5pm EST Mon. – Fri. and closed for lunch 12-1pm EST. During lunch hours, callers may leave voicemail. You can also send an email to medceconomic@michigan.org.

The application contains seven sections:

- Business Information
- Business Contact Information
- Business Operations
- Employment Information
- Use of Funds
- Other Information
- Application Certifications and Submission

Applications may only be submitted through the online application portal. Physical or email copies of applications will not be accepted. The questions that will be on the application are listed below. Please ensure your application is accurate and complete, as it may impact eligibility for funding.

The application period will open at 9:00 am EST on Tuesday, January 19, 2021 and will close at 12:00 Noon EST on Friday, January 22, 2021. Applications must be submitted by the close time and date. The application will be available at: michiganbusiness.org/survival

To prepare for completing the Michigan Small Business Survival Grant application, businesses will need both financial and employment information readily available. This includes historical gross revenue figures and current gross revenues. Review the questions under the Business Operations and

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Employment Information sections to fully understand the questions being asked so you can gather this information in advance of completing the application.

Once the state-wide application closes, applications will be distributed to the local Economic Development Organization (“EDOs”) based on the County of the business location for which you are applying. EDOs will be responsible for reviewing and approving, and ultimately, awarding and disbursing grant funds under sub-grants to the selected eligible businesses. The Local EDOs have the ability through this program to apply their own local priorities and criteria for their grant review and selection process. The local EDO has the right to award a grant amount less than the requested amount.

If your business is selected for award, it is crucial for your business contact to respond in a timely manner to the awarding EDO’s requests for a completed W-9, signed grant contract and any other requested information. Please monitor email regularly.

Grants may be awarded up to \$20,000 for an eligible business that has been temporarily closed and up to \$15,000 for an eligible business that has been partially closed, or otherwise is open. The business will identify their total grant request within the application. Grants may only be used for the following eligible expenses: payroll expenses, rent/ mortgage payments, utility expenses and other costs related to reopening a business. Grant funds may be used by the business for eligible expenses expended between November 18, 2020 and April 30, 2021.

Business Eligibility Requirements

In order to be eligible for funding under the Program, small businesses (“**Eligible Business**”) must meet the following criteria.

Eligible Business means a for-profit or non-profit company that meets all the following requirements:

- Had 1 to 100 employees (including full-time, part-time and owner-employees) on a world-wide basis on November 17, 2020.
- Is in an industry that demonstrates it is affected by the Order.
- Needs working capital to support payroll expenses, rent, mortgage payments, utility expenses, or other similar expenses.
- Demonstrates an income loss as a result of the Order as determined by the EDO in which an eligible business is located.
- Is not a live music and entertainment venue that is eligible for funds under PA 257 of 2020 Section 401.

Application Questions

Business Information	
Business Legal Name	Fill In
Doing Business As (DBA) or Trade Name	Fill In
Full Name (First, Middle, Last) of Owner(s)	Fill In
Business’ Mailing Address	Fill In
Business’ Mailing City	Fill In
Business’ Mailing State	Fill In

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Business' Mailing Zip	Fill In
Business Location Information	
Street Address of physical business location for which application is being submitted:	Fill In
Municipality (City, Township or Village) of physical business location for which application is being submitted:	Fill In
State of physical business location for which application is being submitted:	Fill In
Zip Code of physical business location for which application is being submitted:	Fill In
Michigan County of physical business location for which application is being submitted:	Drop down menu
Business Contact Information	
Contact information should be provided for person responsible for receiving and administering grant contract and other materials, if awarded:	
Primary Contact Name	Fill In
Primary Contact's Mailing Address	Fill In
Primary Contact's City	Fill In
Primary Contact's State	Fill In
Primary Contact's Zip Code	Fill In
Primary Contact's Email Address	Fill In
Primary Contact's Direct Phone Number	Fill In
Does the business have an Employer Identification Number (EIN) or Tax Identification Number (TIN)? If yes, please provide.	Yes / No Fill In
Business Operations	
Please select the industry the business is in: <ul style="list-style-type: none"> • Food service establishments (such as restaurants and bars, coffee, bakeries, catering, breweries, distilleries, wineries, tea shops, banquet facilities and other food and beverage service providers) • Retail (such as boutiques, bookstores, hardware, anything being sold that is not food) • Exercise facilities (such as gyms, studios, pool facilities, ice skating rinks, organized sports) • Entertainment venues or live event venues that are not eligible for the Michigan Stages Survival Grant as defined in PA 257 of 2020 Section 401 	Multiple choice - select one

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<ul style="list-style-type: none"> • Recreational Facilities and places of public amusement (such as bowling alleys, arcades, bingo halls) • Nonprofits (such as library, museum, churches, religious centers, advocacy organizations) • Personal care services (such as hair, nail, tanning, massage, spa) • Schools • Childcare and camps • Transportation (such as limo services) • Other Industry/Please Specify 	<p style="text-align: center;">Fill In</p>
<p>Is the business a:</p> <ul style="list-style-type: none"> • Sole Proprietorship • Partnership • Limited Liability Corporation (LLC) • Corporation (for-profit) • Corporation (non-profit) • Other/Please Specify (_____) 	<p style="text-align: center;">Multiple choice - select one</p> <p style="text-align: center;">Fill in</p>
<p>Is the business a franchise?</p>	<p style="text-align: center;">Yes / No</p>
<p>Has your business experienced a financial loss due to the COVID-19 crisis and the Gatherings and Mask Order”?</p>	<p style="text-align: center;">Yes / No</p>
<p>What was the operating status of the business on November 17, 2020 prior to the first “Gatherings and Mask Order”?</p> <ul style="list-style-type: none"> • Closed • Partially Closed & Operating • Fully Open & Operating 	<p style="text-align: center;">Multiple choice - select one</p>
<p>As a result of the “Gatherings and Mask Order” beginning November 18, 2020 to present, which of the following best describes the operating status of the business?</p> <ul style="list-style-type: none"> • Closed • Partially Closed & Operating • Fully Open & Operating 	<p style="text-align: center;">Multiple choice - select one</p>
<p>For the questions below, gross revenue is defined as all income from sales or services rendered (do not deduct any expenses).</p>	
<p>Annual gross revenue for 2019 (January 1 to December 31):</p>	<p style="text-align: center;">Enter dollar amount – numbers only</p>

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Annual gross revenue for 2020 (January 1 to December 31):	Enter dollar amount – numbers only
Gross revenue for the period October 1 to 31, 2019:	Enter dollar amount – numbers only
Gross revenue for the period October 1 to 31, 2020:	Enter dollar amount – numbers only
Gross revenue for the period November 1 to 30, 2019:	Enter dollar amount – numbers only
Gross revenue for the period November 1 to 30, 2020:	Enter dollar amount – numbers only
Gross revenue for the period December 1 to 31, 2019:	Enter dollar amount – numbers only
Gross revenue for the period December 1 to 31, 2020:	Enter dollar amount – numbers only
How many years has the business been in operation?	Enter number
Is the business in compliance with all State and local orders related to COVID-19, including but not limited to the Michigan Department of Health of Human Services?	Yes / No
Does the business have a physical establishment or storefront in the Michigan County of application?	Yes / No
Is the business a home-based business?	Yes / No
Is the business located in a downtown or principal shopping district?	Yes / No
Does the business provide goods or services to multiple clients or customers?	Yes / No
Is the business current (or in an approved payment plan) on all local, state, and federal taxes due through 1/1/2020?	Yes / No
Does the business have all active and valid state license(s)/registration(s), if applicable, to legally operate?	Yes / No / Not Applicable
Has the business made attempts to introduce new products and/or services or adapt existing products and/or service offerings in order to maintain revenue during COVID-19?	Yes / No

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If yes, please describe:	Fill in
Please provide the amount of all COVID-19 relief funding received from other local, state, and federal sources since March 1, 2020. It is not necessary to identify the sources of support, only indicate the total financial amount. (If none, please enter "None" in the text box)	
Total support from Local Sources:	Enter numerical dollar amount or "none"
Total support from State Sources:	Enter numerical dollar amount or "none"
Total support from Federal Sources:	Enter numerical dollar amount or "none"
Does the business/non-profit use local vendors or suppliers?	Yes / No
If yes, please describe:	Fill in
Employment Information	
Identify the total number of employees on payroll of business (headcount total including full-time, part-time, and employee-owner(s) including all locations on a world-wide basis) on November 17, 2020.	Fill in (number only)
The following employment questions refer to the primary business location for which this application is being submitted and includes headcount total of full-time, part-time, and employee-owner(s) on payroll:	
Identify the total number of employees on payroll (headcount total including full-time, part-time, and employee-owner(s)) on November 17, 2020 (one day prior to when the first Gatherings and Mask Order began):	Fill in (number only)
Identify the total number of employees on payroll (headcount total including full-time, part-time, and employee-owner(s)) at the time of this application:	Fill in (number only)
Identify the total number of employees (headcount total including full-time, part-time, and employee-owner(s)) at the time of this application, that will be retained or rehired as a result of requested grant support:	Fill in (number only)
What is the average hourly wage rate of employees that will be retained or rehired, if any, at this location, as a result of requested grant support?	Fill in (numerical dollar amount only)

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Use of Funds	
What is the amount of the grant you are requesting (maximum amount is \$20,000 for a business that has been temporarily closed, or \$15,000 for a business that has been open or partially open)? Note: The local EDO has the right to award an amount less than the requested amount.	Fill in (numerical dollar amount only)
For which of the following activities will business use the grant funds? (Multiple selection)	
• Payroll	Fill in (numerical dollar amount only)
• Rent / Mortgage	Fill in (numerical dollar amount only)
• Utility Expenses	Fill in (numerical dollar amount only)
• Business Reopening Expenses	Fill in (numerical dollar amount only)
Are the expenses identified in the previous question necessary to continue or reopen business operations?	Yes / No
Will the grant be used for expenses incurred between the period of November 18, 2020 and April 30, 2021 as required by program guidelines?	Yes / No
Other Information	
Is the business a live music and entertainment venue that is eligible for the Michigan Stages Survival Grant funds under Section 401 of Public Act 257 of 2020? <i>Note: A business that is eligible for the Stages Survival Grant is not eligible to apply for the Michigan Small Business Survival Grant program.</i>	Yes/no
Signature / Certifications	
Does the business acknowledge that if its application is approved for a grant under this program, the business will be required to submit a W-9 and sign a final written grant agreement? The grant agreement will include all the required terms and conditions for the grant.	Yes / No

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<i>Note: If your business is selected for award it is crucial for your business contact to respond in a timely manner to the awarding EDO's requests for a completed W-9, signed grant contract and any other requested information. Please monitor email regularly.</i>	
Does the person signing below represent that he or she has authority to sign and submit this application on behalf of the business, and that all the information submitted by the business in this application is true and correct.	Yes / No
Name of person submitting this application on behalf of the business?	Fill In
Submit	