

## **Instructions**

Before you begin your application please be aware 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.

PHYSICAL COPIES OF THIS APPLICATION WILL NOT BE ACCEPTED.

**Please note, when completing the application, you will be asked to indicate whether your business received a Michigan Small Business Relief Grant and if so, the amount of grant funding received. Please verify whether you received a Michigan Small Business Relief Grant before completing the application. A complete list of grant recipients can be found at: <https://www.michiganbusiness.org/about-medc/covid19/small-business-relief-program/>**

**If you have any questions about eligibility or other grant-related questions, please contact the MEDC Customer Care Center at (888) 522-0103. Hours are 8am-5pm Mon.-Fri. and closed for lunch 12-1 pm. During the lunch hours, callers may leave a voicemail. You can also send an email to [medceconomic@michigan.org](mailto:medceconomic@michigan.org).**

**If you have technical questions related to successfully submitting this form, please reach out to the vendor, Connect Space, directly at either [support@connectspaceinc.com](mailto:support@connectspaceinc.com) or (844) 668-3348.**

**Your business must also meet the following eligibility criteria in order to receive grant funding:**

Have 50 employees or less;

Be in an industry that has demonstrated it has been affected by the COVID-19 emergency;

Demonstrate the incurred income loss as a result of the COVID-19 emergency; and

Demonstrate the need for working capital for eligible expenses (see below for eligible expenses).

**Grant funds must be used for expenditures incurred by the eligible business between March 1, 2020 and December 30, 2020 that meet the following criteria:**

Are necessary expenditures incurred due to the public health emergency with respect to COVID-19 (such as resulting from employment or business interruptions due to COVID-19);

Used for its working capital to support payroll expenses, rent, mortgage payments, utility expenses, or costs related to reopening the eligible business or eligible nonprofit.

## **Economic Development Organization (EDO) List and Coverage Areas**

*InvestUP – Counties covered: Keweenaw, Houghton, Ontonagon, Gogebic, Baraga, Iron, Marquette, Dickinson, Menominee, Alger, Delta, Schoolcraft, Luce, Mackinac, Chippewa*

*Networks Northwest – Counties covered: Emmet, Grand Traverse, Charlevoix, Antrim, Kalkaska, Missaukee, Wexford, Manistee, Benzie, Leelenau*

*Otsego County Economic Alliance – Counties covered: Otsego, Crawford, Roscommon, Montmorency,*

*Ogemaw, Oscoda*

Target Alpena – *Counties covered: Iosco, Alcona, Alpena, Presque Isle, Cheboygan*

The Right Place – *Counties covered: Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola*

Lakeshore Advantage – *Counties covered: Allegan, Ottawa*

Middle Michigan Development Corporation – *Counties covered (for Michigan Small Business Relief grants): Isabella, Gratiot, Clare, Gladwin. Counties covered (for Michigan Small Business Restart Program): Isabella, Gratiot, Clare, Gladwin, Arenac, Midland*

Saginaw Future – *Counties covered (for Michigan Small Business Relief grants): Bay, Saginaw, Arenac, Midland. Counties covered (for Michigan Small Business Restart Program): Bay, Saginaw*

Flint & Genesee Chamber Foundation – *Counties covered: Shiawassee, Genesee, Lapeer, St. Clair, Tuscola, Sanilac, Huron*

Lansing Area Economic Partnership – *Counties covered: Clinton, Eaton, Ingham*

Southwest Michigan First – *Counties covered: Kalamazoo, St. Joseph, Berrien, Calhoun, Van Buren, Cass, Branch*

Ann Arbor SPARK – *Counties covered: Livingston, Washtenaw, Hillsdale, Jackson, Lenawee, Monroe*

Detroit Economic Growth Corporation (DEGC)/Detroit Economic Growth Association – *County covered: Wayne.*

Oakland County Economic Development – *County covered: Oakland*

Macomb County – *County covered: Macomb*

**\*\*\*Applicant Business Certification Form\*\*\***

The Local Economic Development Organization (EDO) in your region will enter an Agreement with all Applicants who are selected for a grant award. Applicants are instructed to complete the Applicant Business Certification agreement form and attach it to their application prior to submittal. Please note, the local EDO may include additional or other certification agreement or grant agreement other than the document included in this application. Detailed instructions are as follows:

Click this link to download the Applicant Business Certification Form. [Download the Applicant Business Certification Form](#)

Fill out the form with all requested company information, including the requested grant amount, and digitally sign the document.

Save the file to your computer or other device. Be sure to add your company's full business name to the

generic "Applicant Business Certification Form" file name prior to uploading to avoid confusion for the reviewer.

When you reach the final question of the application below, you will be asked to upload the Applicant Business Certification Form. It will be attached to your submission automatically.

If Applicant (your company) is selected by the Local EDO for a grant award and elects to use the Application Certification Form, the Local EDO will fill in their information and grant amount to be awarded, and will return a signed copy of the agreement to you for your records.

**\*\*\*W-9 Form\*\*\***

At the end of this application, you will also be required to electronically submit a W-9 form for your business or non-profit. If you do not have one, you can find a fillable one at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Diverse Business Definitions**

*Minority-Owned* means, as applied to an otherwise Eligible Business, that the Eligible Business is at least fifty-one percent (51%) directly and unconditionally owned and controlled by one or more, or any combination of; Black or African Americans; Hispanic Americans; Native Americans (Alaska natives, native Hawaiians, or enrolled members of a federally or State recognized Indian tribe); Asian Americans; Arab or Middle Eastern Americans.

*Woman-Owned* means that the Eligible Business is at least fifty-one percent (51%) directly and unconditionally owned and controlled by one or more women in addition to meeting all other eligibility requirements.

*Veteran-Owned* means that the Eligible Business is at least fifty-one percent (51%) directly and unconditionally owned and controlled by one or more veterans of any military branch of the United States in addition to meeting all other eligibility requirements.

**Application Instructions**

Please complete all of the questions listed below. Once the application is complete, you will receive an email confirmation of your submission. You will also be able to review your submission in your Connect Space profile.

If you would like to print or save a copy of your submission, please choose to print the Submission Confirmation page from your browser once you have completed your application.

You will be able to edit your responses after you submit your application up until the application closes on August 5, 2020 at 11:59pm

If you have any questions, please contact the MEDC Customer Care Center at (888) 522-0103. Hours are 8am-5pm Mon.-Fri. and closed for lunch 12-1 pm. During the lunch hours, callers may leave a voicemail. You can also send an email to [medceconomic@michigan.org](mailto:medceconomic@michigan.org).

**FAQ's**

**How can an applicant confirm the application submission was successful?**

Each applicant will receive an email confirmation after their successful submission.

**How is the digital signature added to the Applicant Certification Form?**

DocuSign on the PDF automatically saves the signature to the pdf before uploading. Some folks have found success creating their docuSign account first here (<https://www.docuSign.com/>)

**Can you save progress made on the application to return later?**

No, you must submit the application for it to save progress, after submitting, you may go back in and edit the submission.

**ADDITIONAL COMPANY INFORMATION [COMPANY ADDRESS WILL BE ADDED TO THIS APPLICATION AUTOMATICALLY BASED ON THE COMPANY ACCOUNT INFORMATION]**

**Please enter the applicant business'/non-profit's legal name \***

**Does the applicant business/non-profit have a DBA or Trade Name? \***

**Please enter the business'/non-profit's Tax Identification Number (TIN) (optional)**

**Please enter the business'/non-profit's Employer Identification Number (EIN) \***

**Please enter the business owner's name (Non-profits, enter the name of the CEO) \***

**Please enter the business owner's email address (Non-profits, enter the CEO email) \***

**Please enter the business owner's direct phone number (Non-profits, enter the CEO's direct phone number) \***

**Please enter the business owner's Social Security Number (SSN) (Non-profits, enter the CEO's SSN) (Optional if EIN or TIN has been provided)**

**ELIGIBILITY QUESTIONS [NOTE: PLEASE REFER TO THE INSTRUCTIONS ABOVE FOR A LIST OF COUNTIES COVERED BY EACH ECONOMIC DEVELOPMENT ORGANIZATION (EDO)]**

**If your business/non-profit received an MI Small Business Relief Program grant, select any of the following Economic Development Organizations (EDOs) that provided the grant. If none, select "None." Refer to the "Instructions" above for additional info \***

InvestUP

Networks Northwest

Target Alpena

Otsego County Economic Alliance

The Right Place

Lakeshore Advantage

Middle Michigan Development Corporation

Saginaw Future

Flint & Genesee Chamber Foundation

Lansing Economic Area Partnership

Southwest Michigan First

Ann Arbor SPARK

Detroit Economic Growth Corporation (DEGC)

Oakland County Economic Development

Macomb County

None of the Above. Applicant Business/Non-Profit did not receive a Small Business Relief Program grant previously from any of the 15 Local Economic Development Organizations

**Is the business or non-profit in an industry that can demonstrate that it was affected by the COVID-19 emergency \***

**Does the business/non-profit need working capital to support payroll expenses, rent, mortgage payments, utility expenses or other similar expenses? \***

**Can the business/non-profit demonstrate an income loss as a result of the COVID-19 emergency? \***

**Did the applicant business/non-profit have 50 or fewer employees as of March 16, 2020 and as of the date of this application submission? \***

#### **ADDITIONAL QUESTIONS**

**Is the applicant business minority-owned? (Please refer to the "Instructions" section above for definitions and criteria. If non-profit, select "No") \***

**Is the applicant business woman-owned? (Please refer to the "Instructions" section above for definitions and criteria. If non-profit, select "No") \***

**Is the applicant business veteran-owned? (Please refer to the "Instructions" section above for definitions and criteria. If non-profit, select "No") \***

**What is the business'/non-profit's physical address? (Please only include street number and name, as well as any suite or unit number) \***

**Business'/non-profit's physical address CITY \***

**Business'/non-profit's physical address COUNTY \***

**Business'/non-profit's physical address STATE \***

**Business'/non-profit's physical address ZIP CODE \***

**Does the business/non-profit have multiple locations? \***

**Does the owner have multiple businesses/non-profits? \***

**Is the business a franchise? \***

**How many employees did the business/non-profit have as of March 16, 2020? (Please only enter a number) \***

**What is the current number of employees? (Please only enter a number) \***

**How many employees will be retained as a result of funding from this grant? (Please only enter a number) \***

**How many employees will be hired as a result of funding from this grant? (Please only enter a number) \***

**What is the average annual salary or average hourly wage of current employees? \***

**Does the business/non-profit sell products and/or services physically, in-person (such as retail, restaurant, personal service, etc.)? \***

**Has the business/non-profit 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? \***

**Does the applicant business/non-profit intentionally employ or provide programming/services for any of the following populations? (Check all that apply) \***

Racial and ethnic minorities

Economically-disadvantaged

Low-income children

Elderly

Homeless

Persons with disabilities (including physical, intellectual, developmental, or emotional)

Returning citizens

Small businesses with less than 50 employees

None of the above

**How many years has the business/non-profit been in operation? (Please only enter a number) \***

**Please list other COVID relief funding amounts received from other local, state, and federal sources since March 1, 2020. (If none, please enter "None" in the text box) \***

**What is the business'/non-profit's monthly rent? (Please only enter a numeric dollar amount) \***

**What was the business'/non-profit's total 2019 revenue? [Revenue by calendar year or fiscal year is acceptable] (Please only enter a numeric dollar value) \***

**What is the business'/non-profit's percentage of revenue lost since March 1, 2020 due to COVID-19? (Please only enter a numeric value) \***

**At what capacity is your business/non-profit currently operating? \***

**Does the business/non-profit use local vendors or suppliers? \***

**What is the primary industry that the business/non-profit is in? \***

**Business/Non-Profit Type \***

**If awarded the grant, how will the business/non-profit utilize the funds received? (Select all that apply) \***

Rent/Mortgage

Utilities

Payroll

Costs related to reopening business

Other

**Total amount of grant funding requested? (Please enter dollar amount only) \***

**APPLICATION BUSINESS/NON-PROFIT CERTIFICATION FORM: REQUIRED FOR SUBMISSION. PLEASE BE SURE TO ADD YOUR COMPANY'S NAME TO THE FILE NAME PRIOR TO UPLOADING - NO SPACES IN FILE NAME.**

**This form needs to be completed by each business/non-profit prior to submission. Please refer to the "Applicant Business Certification Form" section in the Instructions at the top of this page for further details. PHYSICAL COPIES WILL NOT BE ACCEPTED. \***

**Your business'/non-profit's W-9 form will also be required. Please upload the W-9 here. If you do not have a W-9 form, please refer to the "Instructions" section above to learn how to complete one. PHYSICAL COPIES WILL NOT BE ACCEPTED. \***