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Michigan Small Business Restart Program: Grant Application

Description

In response to the economic impact of the COVID-19, the State of Michigan has allocated \$100 million of CARES Act funding to implement the Michigan Small Business Restart Program to support the needs of Michigan Businesses directly impacted by COVID-19. The Program will provide grant funding to eligible businesses and nonprofits that have realized a significant financial hardship due to the COVID-19 emergency.

15 Local Economic Development Organizations (EDOs) covering all 83 counties in Michigan will be accepting, reviewing and approving submitted applications from businesses located in the counties they serve. For the list of local EDOs, please visit: <https://www.michiganbusiness.org/restart/>.

Working with MEDC, the local EDOs will provide grants up to \$20,000 to eligible small businesses and nonprofits. Grant funding can be used for working capital to support payroll expenses, rent, mortgage payments, utility expenses or other similar expenses incurred between March 1, 2020 and December 30, 2020.

Please note: Michigan statute **prohibits** a business that has previously received a grant from the Michigan Small Business Relief Program from receiving funding from the Small Business Restart Program. **If your business received a Small Business Relief Grant you are ineligible to apply for the Restart Program. However, Paycheck Protection Program (PPP) and Match on Main recipient businesses are eligible.**

If you have any questions, please contact the MEDC Customer Care Center at (888) 522-0103. Hours are 8am-5pm but you can leave a voicemail outside of those times.

After you've clicked "Start," please search for your existing Pure Michigan Business Connect (PMBC) Connect Space account using the box below as you will need it to proceed. If you do not have a PMBC Connect Space account, you will be guided through the process of creating one as part of your application. There is no charge for creating a PMBC Connect Space account. If you have any questions related to creating or accessing a PMBC Connect Space account, please email pmbc@michigan.org.



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Michigan Economic Development Corporation

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This form is restricted by location, due to this your company is not permitted to access it at this time. If your company has another location that fits these requirements, please update your [company's location\(s\)](#) appropriately.

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.

Also, please note Michigan statute prohibits a business that has previously received a grant from the Michigan Small Business Relief Program from receiving funding from the Small Business Restart Program. **If your business received a Small Business Relief Grant you are ineligible to apply for the Restart Program. However, Paycheck Protection Program (PPP) and Match on Main recipient businesses are eligible.**

If you have any questions, please contact the MEDC Customer Care Center at (888) 522-0103. Hours are 8am-5pm but you can leave a voicemail outside of those times.

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;

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

Did not receive or been approved to receive a grant under the Michigan Small Business Relief Program created by the MSF on March 19, 2020.

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.

Applicant Business Certification Form

The Local Economic Development Organization (EDO) in your region will enter an Application Business Certification 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. Detailed instructions are as follows:

Click this link to download the Applicant Business Certification Form. <https://www.connect.space/msbr...>

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, 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 but you can leave a voicemail outside of those times.

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? *

- ☐ Yes
☐ No

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

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)

Eligibility Questions [Note: Companies that received an SBRP grants from an organization listed below are ineligible for these grants. If you've received an SBRP grant, please do not submit this grant application. Recipients of PPP or Match on Main grants are eligible]

Did the business/non-profit receive a Michigan Small Business Relief Program grant from any of the following Economic Development Organizations (EDOs)? Recipients of PPP or Match on Main grants are eligible (Select any or all that apply) *

- ☐ Applicant Business/Non-Profit did not receive a Small Business Relief Program grant previously from any of the 15 Local Economic Development Organizations
- ☐ 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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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? *

- ☐ Yes
- ☐ No

Additional Questions

Is the applicant business/non-profit minority-owned? (Please refer to the "Instructions" section above for definitions and criteria) *

- ☐ Yes
- ☐ No

Is the applicant business/non-profit woman-owned? (Please refer to the "Instructions" section above for definitions and criteria) *

- ☐ Yes
- ☐ No

Is the applicant business/non-profit veteran-owned? (Please refer to the "Instructions" section above for definitions and criteria) *

- ☐ Yes
- ☐ 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? *

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

Is the business a franchise? *

- ☐ Yes
☐ No

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.)? *

- ☐ Yes
☐ No

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? *

- ☐ Yes
☐ No

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? (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? *

Select an Option ▼

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

☐ Yes

☐ No

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

Select an Option ▼

Business/Non-Profit Type *

Select an Option ▼

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.

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. *

[Upload Files](#)

*Individual files must not exceed 10mb. All files in total must not exceed 25mb.

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. *

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*Individual files must not exceed 10mb. All files in total must not exceed 25mb.

By clicking "Submit", I acknowledge that I have read and agree with the [Connect Space Terms and Conditions](#).

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x

Connect Space Terms and Conditions

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Note

You and other members of Michigan Economic Development Corporation have already filled this form out. If you would like to fill this out again click the 'New Submission' button below.



Grant Application

Michigan Small Business Restart Program

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