Michigan Stages Survival Grant Questions

| usiness "Applicant" Legal Name: (fill in) |
|--|
| BA or Tradename, if applicable: (fill in) |
| hysical Address: (fill in) |
| ity: (fill in) |
| tate: (fill in) |
| ip Code: (fill in) |
| ounty: (fill in) |
| EIN: (fill in) |
| otal number of full-time employees (full-time employees are defined as individuals who receive a /2 from the applicant, those receiving a 1099 cannot be counted as full-time employees): (fill in) |
| ype of Industry (Drop down for profit/non profit): |
| iscipline (drop down for disciplines): |
| equest Amount (\$40,000 max): (fill in) |
| |
| |
| rimary Business Contact: (fill in) |
| mail: (fill in) |
| hone: (fill in) |
| the Applicant has completed registration in the State of Michigan State Integrated Governmental Planagement Applications (SIGMA) Vendor Self-Service (VSS) website, Michigan.gov/SIGMAVSS, and as SIGMA registration identification number is:(Fill in) The Applicant has entered all equired banking information and is registered to receive EFT payments. If you need assistance with his to complete your Application, please contact the State of Michigan VSS (SOM VSS) Support enter at SIGMA-Vendor@michigan.gov or 1-888-734-9749. All Program grant funds will only be sued via EFT. |

PROJECT DESCRIPTION

You may request funds to support the working capital of the venue. Eligible expenses include payroll expenses, rent, mortgage payments, utility expenses, or costs related to reopening a business. Provide a brief description of the programming that the venue provides and how the venue will use the funds requested.

(fill in)

BUDGET FORM

Show how you plan to spend the requested funds, maximum request is \$40,000. Your budget should reflect eligible costs that will be incurred or have incurred during January 1, 2021 through September 30, 2021. No match is required.

Your budget items must be limited to:

- A. <u>Payroll Support</u>: Include salaries, wages, and fringe benefits for personnel, administrative and/or artistic employees. Funds for contractual personnel and compensation for artists who are paid on a fee basis or contractual basis are not eligible.
- B. Facility Costs: Include items such as rent, mortgage payments, utility expenses
- C. <u>Reopening Expenses</u>: Include items that need to be purchased to ensure the safe reopening of the venue.

| A. Payroll Support - list number of employees and job position(s): | Cash Expense Requested |
|--|------------------------|
| (fill in) | (fill in) |
| | |
| | |
| | |
| Total: | |
| B. Facility Costs | Cash Expense Requested |
| (fill in) | (fill in) |
| | |
| | |
| | |
| Total: | |
| C. Reopening Expenses | Cash Expense Requested |
| (fill in) | (fill in) |
| | |
| | |
| | |
| Total: | |
| Total Danisatado | |

You will also be required to provide the following documentation along with your application.

(Documentation can be in the form of a Quickbooks printout, an Excel document or record keeping ledger that is used by the organization.)

- O Documentation that at least 33% of the 2019 gross revenues are from the sale of tickets for live music or entertainment events OR receive at least 70% of its earned revenue through cover charges or tickets sales, production fees or production reimbursements, nonprofit educational initiatives, or the sale of event beverages, food or merchandise
- O Documentation that second quarter revenues from April 1 through June 30, 2020 was not greater than 10% of second quarter revenue from April 1 through June 30, 2019