

APPLICATION INFORMATION AND QUESTIONS

GRADING PRIORITY – KENT COUNTY

The following questions highlighted in GREEN were taken into account when scoring application

The following questions highlighted in YELLOW were used to eliminate applicants.

Application Questions

Business Information

- Business Legal Name
- Doing Business As (DBA) or Trade Name
- Full Name (First, Middle, Last) of Owner(s)
- Business' Mailing Address
- Business' Mailing City
- Business' Mailing State
- Business' Mailing Zip

Business Location Information

- Street Address of physical business location for which application is being submitted:
- Municipality (City, Township or Village) of physical business location for which application is being submitted:
- State of physical business location for which application is being submitted:
- Zip Code of physical business location for which application is being submitted:
- Michigan County of physical business location for which application is being submitted:

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
- Primary Contact's Mailing Address
- Primary Contact's City
- Primary Contact's State
- Primary Contact's Zip Code
- Primary Contact's Email Address
- Primary Contact's Direct Phone Number

- Does the business have an Employer Identification Number (EIN) or Tax Identification Number (TIN)?
 - If yes, please provide. Yes / No

Business Operations

1. Please select the industry the business is in:

- 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
- 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 ()

2. Is the business a: (multiple choice)

- Sole Proprietorship
- Partnership
- Limited Liability Corporation (LLC)
- Corporation (for-profit)
- Corporation (non-profit)
- Other/Please Specify(_____)

3. Is the business a franchise? Yes/no

4. Has your business experienced a financial loss due to the COVID-19 crisis and the Gatherings and Mask Order"? Yes/No

5. What was the operating status of the business on November 17, 2020 prior to the first "Gatherings and Mask Order"? (select one)

- closed
- partially closed & operating
- fully open & operating

6. 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? (select one)

- closed
- partially closed & operating
- fully opening & operating

7. Annual gross revenues for 2019 (January 1 to December 31):

8. Annual gross revenues for 2020 (January 1 to December 31):

9. Gross revenue for the period October 1 to 31, 2019:
10. Gross revenue for the period November 1 to 30, 2019:
11. Gross revenue for the period December 1 to 31, 2019:
12. Gross revenue for the period October 1 to 31, 2020:
13. Gross revenue for the period November 1 to 30, 2020:
14. Gross revenue for the period December 1 to 31, 2020:
15. How many years has the business been in operation?
16. 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
17. Does the business have a physical establishment or storefront in the Michigan County of application? Yes / No
18. Is the business a home-based business? Yes / No
19. Is the business located in a downtown or principal shopping district? (Yes or No)
20. Does the business provide goods or services to multiple clients or customers? Yes / No
21. Is the business current (or in an approved payment plan) on all local, state, and federal taxes due through 1/1/2020? Yes / No
22. Does the business have all active and valid state license(s)/registration(s), if applicable, to legally operate? Yes / No / Not Applicable (ONLY ELIMINATED IF "NO")
23. 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
 - If yes, please describe:
24. 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)
 - Total support from Local Sources:
 - Total support from State Sources:
 - Total support from Federal Sources:
25. Does the business/non-profit use local vendors or suppliers? Yes/no
 - (If yes, explain)

Employment Information

26. Identify the total number of employees on payroll of business (including full-time, part-time, and employee-owner(s) including all locations on a world-wide basis) on November 17, 2020. Insert number

The following employment questions refer to **the primary business location for which this application is being submitted** and includes full-time, part-time, and employee-owner(s) on payroll:

27. Identify the total number of employees on payroll (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):

28. Identify the total number of employees on payroll (including full-time, part-time, and employee-owner(s)) at the time of this application:

29. Identify the total number of employees (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

30. 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? (insert dollar amount)

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. (the blank/numerical \$ amount)

31. For which of the following activities will business use the grant funds?

- Payroll
- Rent / Mortgage
- Utility Expenses
- Business Reopening Expenses

32. Are the expenses identified in the previous question necessary to continue or reopen business operations? Yes / No

33. 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

34. Is the business a live music and entertainment venue that is eligible for the Michigan Stages Survival Grant funds under SB748, Section 401? Note: A business that is eligible for the Stages Survival Grant is not eligible to apply for the Michigan Small Business Survival Grant program. Yes/no

35. Will the grant be used for expenses incurred between the period of November 18, 2020 and April 30, 2021 as required by program guidelines?

36. 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?

37. 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?