

# Small Business Emergency Relief Funds Application

In order to be considered for the state's emergency small business relief grants, your business must meet certain eligibility requirements. This application includes questions to identify if your business is eligible, and if it is, you will proceed to the application questions.

Once you submit this application, you will have the ability to return to it later to make changes before the application closes at 11:59 p.m. March 31, 2020.

PLEASE REVIEW APPLICATION CRITERIA BEFORE STARTING THE APPLICATION

All documents are available at [www.purelansing.com/businessrelief](http://www.purelansing.com/businessrelief)

\* Required

1. Does your business have 50 or fewer employees as of March 16, 2020? \*

*Mark only one oval.*

Yes *Skip to question 2*

No *Skip to section 9 (Your Business Is Not Eligible For This Grant)*

## Minimum Required Eligibility

2. Is your business located in Clinton, Eaton or Ingham county? \*

*Mark only one oval.*

Yes *Skip to question 3*

No *Skip to section 9 (Your Business Is Not Eligible For This Grant)*

## Minimum Required Eligibility

3. Has your business been directly affected by Executive Order (EO) No. 2020-9 <https://bit.ly/3alz6Mb> and subsequent EOs <https://bit.ly/33Mr4Jw> \*

Mark only one oval.

- Yes Skip to section 10 (Your Business Is Eligible For This Grant)
- No Skip to question 4

### Minimum Required Eligibility

4. My business has experienced significant financial damage due to COVID-19 outbreak and can provide documentation. \*

Mark only one oval.

- Yes Skip to question 5
- No Skip to section 9 (Your Business Is Not Eligible For This Grant)

### Additional Eligibility Requirements

5. My business provides services directly to business types detailed in EO No. 2020-9 <https://bit.ly/3alz6Mb> and subsequent EOs <https://bit.ly/33Mr4Jw> \*

Mark only one oval.

- Yes Skip to section 10 (Your Business Is Eligible For This Grant)
- No Skip to question 6

### Additional Eligibility Requirements

6. My business is providing support to impacted employees. \*

Mark only one oval.

Yes Skip to section 10 (Your Business Is Eligible For This Grant)

No Skip to question 7

### Additional Eligibility Requirements

7. My business is located in a downtown district or high impact corridor: (ex. Downtown Lansing or East Lansing, traditional small-town main street / downtown of DeWitt, St. Johns, Grand Ledge, Charlotte, Mason, Leslie, etc., commercial corridors including Grand River Ave, Michigan Ave, Saginaw St/Hwy, Cedar St, MLK Jr Blvd, etc.) \*

Mark only one oval.

Yes Skip to question 8

No Skip to section 9 (Your Business Is Not Eligible For This Grant)

### Acknowledgement of Responsibilities

If awarded, applicant acknowledges and agrees to the following:

- a. that all questions in this application have been answered truthfully;
- b. to provide to LEAP W-9 completed and signed within 24 hours of award;
- c. to provide to LEAP bank account and routing information within 24 hours of award;
- d. that the business may be identified to the public, in press releases, etc.;
- e. money can be spent for working capital only;
- f. to submit monthly report to LEAP for the next 6 months, even after money is spent;

8. I have read and agree to the terms and conditions of the award as described above. Type your first and last name as acknowledgement. \*

\_\_\_\_\_

Skip to section 10 (Your Business Is Eligible For This Grant)

Your Business Is Not Eligible For This Grant

Based on your responses to the eligibility questions your business is not eligible for an emergency small business relief grant. There may be other types of assistance available to your business. We encourage you to review the resource links on our website at [www.purelansing.com/businessrelief](http://www.purelansing.com/businessrelief) and reach out to a local partner organization near your business to inquire further.

Your Business Is Eligible For This Grant

You will now move on to the small business relief fund grant application.

### Contact Information

9. First Name \*

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10. Last Name \*

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11. Phone Number \*

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12. Email Address \*

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*Skip to question 13*

### Business Profile

13. Name of Business \*

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14. Type of Business. Please choose the best fit out of the following options: \*

*Mark only one oval.*

- Construction / development
- Child care / family services
- Restaurant / dining
- Retail
- Fitness / gyms
- Health care
- Housing / hospitality
- Business services
- Manufacturer
- Non-profit
- Wholesaler / distributor
- Pet care
- Personal care / grooming
- Mall / shopping district

15. County \*

*Mark only one oval.*

- Clinton     *Skip to question 16*
- Eaton     *Skip to question 17*
- Ingham     *Skip to question 18*

Clinton County

## 16. Clinton County Municipality \*

*Mark only one oval.*

- City of East Lansing
- Bath Township
- Dewitt Township
- Watertown Township
- City of Dewitt
- City of St Johns
- Village of Ovid
- Other: \_\_\_\_\_

*Skip to question 19*

## Eaton County

## 17. Eaton County Municipality \*

*Mark only one oval.*

- City of Lansing
- Windsor Township
- City of Grand Ledge
- City of Charlotte
- City of Eaton Rapids
- City of Olivet
- Village of Potterville
- Delta Township
- Other: \_\_\_\_\_

*Skip to question 19*

## Ingham County

## 18. Municipality \*

Mark only one oval.

- City of Lansing
- City of East Lansing
- Meridian Township
- Delhi Township
- Lansing Township
- City of Mason
- City of Williamston
- City of Leslie
- Alaiedon Township
- Aurelius Township
- Vevay Township
- Village of Webberville
- Village of Dansville
- Other: \_\_\_\_\_

*Skip to question 19*

**Business Profile**

## 19. Business Address Street and Number \*

\_\_\_\_\_

## 20. Do you have just this one location or more? \*

Mark only one oval.

- One location     *Skip to question 23*
- More than one location     *Skip to question 21*

### Business Profile

21. How many of your business locations are in the tri-county region (Clinton, Eaton or Ingham) \*

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22. Address of business location where grant funds will be applied (only one location per application): \*

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### Business Profile

23. How long has this business existed? \*

*Mark only one oval.*

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-9 years
- 10-24 years
- 25 or more years



24. Are you the owner of the business? \*

*Mark only one oval.*

Yes    *Skip to question 29*

No    *Skip to question 25*

### Business Owner

25. First Name - Business Owner \*

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26. Last Name - Business Owner \*

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27. Phone Number - Business Owner \*

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28. Email Address - Business Owner \*

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*Skip to question 30*

### Business Ownership

29. How long have you owned this business? \*

*Mark only one oval.*

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-9 years
- 10-24 years
- 25 or more years

### Building Ownership

30. Do you own the building this business is located in? \*

*Mark only one oval.*

- Yes     *Skip to question 36*
- No

### Lease Information

31. First Name - Building Owner \*

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32. Last Name - Building Owner \*

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33. Phone Number - Building Owner \*

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34. Email Address - Building Owner \*

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35. What is the length of your lease term? \*

*Mark only one oval.*

- Month to month
- 6-11 months
- 12 -17 months
- 18-23 months
- 24 months
- More than 24 months

*Skip to question 38*

### Building Ownership

36. What is the status of your ownership? \*

*Mark only one oval.*

- Free and clear *Skip to question 38*
- Mortgage
- Other type of loan (land contract, etc.)

### Building Ownership

37. When will the mortgage or loan be paid off (year)? \*

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### Bankruptcy

38. Have you ever filed bankruptcy with this business \*

Mark only one oval.

Yes

No Skip to question 40

Bankruptcy

39. When did you file bankruptcy with this business (year)? \*

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Conflict of Interest

40. Do you have any family, financial or close-friend relationship to anyone related to LEAP, SBDC or CAMW! staff reviewing this application? \*

Mark only one oval.

Yes Skip to question 41

No Skip to question 42

Conflict of Interest

41. Provide the names of all individuals and your relationship to each person. \*

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Economic Distress

42. Number of employees on March 1, 2020 \*

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43. Number of employees on March 23, 2020 \*

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44. Total Revenue 2018 \*

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45. Total Revenue 2019 \*

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46. Average weekly revenue in February 2020 \*

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47. Weekly revenue for business since March 16, 2020 \*

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48. What is current status of your business operations? \*

*Mark only one oval.*

Closed

Partially closed

Open and operating as usual

Working Capital Need

49. If you receive a grant, how will the funds be applied? \*

*Check all that apply.*

- Payroll
- Rent / mortgage
- Utilities
- Debt obligations other than rent/mortgage
- Inventory
- Property maintenance / repair

### Uniqueness of Product/Service/Offering

50. What makes your business unique? \*

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51. What product or service offerings differentiate your business from competitors? \*

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### Supply Chain Repercussions of Bankruptcy/Closing

52. Does your business serve other Lansing regional businesses as suppliers or customers? \*

*Mark only one oval.*

Yes

No

53. If your business were to cease operations, what other area businesses would be most impacted?

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### Strategic Location

54. Is your business located in one the following high impact areas? \*

*Mark only one oval.*

Key Commercial Corridor (Grand River Ave, Saginaw, etc.)

Downtown district

Small town main street

Business / industrial parks

My business is not located in one of these areas

55. What makes your physical location meaningful to the neighborhood and broader community? \*

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#LoveLansing Community Impact

56. How does your business engage with the community in terms of special programs, events, philanthropy, etc.? \*

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57. What makes your business well-liked by your customers, clients, employees and partners? \*

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Additional Support



58. Describe any other financial support programs you are pursuing at the local, state or federal level?

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