

Lansing Region Small Business Restart Program Grants

Application Criteria, Scoring and Weighting

Objective

To create a system of criteria and weighting that will equitably score business and nonprofit applicants that were affected by the COVID-19 pandemic.

	Micro and Small Business	Nonprofit
Business Owner/Nonprofit Leadership Characteristics	20	15
Business/Nonprofit Characteristics	10	10
Employment Characteristics	10	10
Economic Distress/Working Capital Need	35	35
Adaptability and Innovation	5	10
#LoveLansing Community Impact	20	20



BUSINESS CRITERIA

(20 maximum) Business Owner Characteristics

- Is the business minority-owned? **(10)**
- Is the business woman-owned? **(5)**
- Is the business veteran-owned? **(5)**
- Is the business owned by a person with a disability? **(5)**

(10) Business Characteristics

- What is the business's physical address?
- Does the business have multiple locations?
- Does the owner have multiple businesses?
- Is the business a franchise? **(5 if no) (3 if yes, but locally owned and operated)**
- Does the business sell products and/or services physically, in person (such as retail, restaurant, personal service, etc.)?
- How many years has the business been in operation? **(up to 5 points)**
 - o 0-2 years **(1 point)**
 - o 3-5 years **(2 points)**
 - o 6-10 years **(3 points)**
 - o 11-24 years **(4 points)**
 - o 25+ years **(5 points)**
- What is the primary industry that the business is in?
 - o Food Service – coffee, bakeries, restaurants, catering, breweries, distilleries, wineries, tea shops
 - o Healthcare – chiropractors, dental, health clinics
 - o Personal Care – massage, salons, childcare
 - o Fitness, Recreation, Arts & Entertainment – gyms, studios, RV park, campground, bowling alley, movie theaters, golf courses

- Retail – bookstores, hardware, anything being sold that is not food
 - Accommodations – bed and breakfast, or any other lodging facility
 - Transportation – limo services, etc.
 - Construction – construction services
 - Maintenance & Repair – auto repair, dealership, cell phone repair, landscaping and lawn maintenance
 - Professional & Other Services – taxes, consulting, publishing, marketing
 - Nonprofit – churches, religious centers, advocacy organizations, etc.
 - Advanced Manufacturing
 - Mobility and Automotive Manufacturing
 - Tech
 - Engineering, Design and Development
 - Medical Device Technology
 - Agribusiness
 - Logistics
 - Other Manufacturing
 - Other
- Business Type
- C Corporation – Public
 - C Corporation -Private
 - S Corporation – Public
 - S Corporation -Private
 - Non-Profit Corporation
 - Professional Corporation
 - Limited Liability Company
 - Professional Limited Liability Company
 - General Partnership

- Limited Partnership
- Limited Liability Partnership
- Professional Limited Liability Partnership
- Sole Proprietorship
- Disregarded Entity
- Other

(10) Employment Characteristics

- How many employees did the applicant have as of March 16, 2020?
- What is the current number of employees?
- How many employees will be retained as a result of funding from this grant? **(up to 5)**
 - 1-4 **(1)**
 - 5-9 **(2)**
 - 10-20 **(3)**
 - 21-35 **(4)**
 - 36-50 **(5)**
- How many employees will be hired as a result of funding from this grant? **(2)**
 - 1-4 **(1)**
 - 5+ **(2)**
- What is the average annual salary or average hourly wage of current employees? **(3 if \$15/hour or above)**

(35) Economic Distress/Working Capital Need

- 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. **(up to 10)**
- What is the business's monthly rent?
- What was the business's total 2019 revenue?
- What is the business's percentage of revenue lost since March 1, 2020 due to COVID-19? **(15)**
 - 1-15% **(3)**
 - 16-30% **(6)**
 - 31-50% **(9)**
 - 51-75% **(12)**
 - 76-100% **(15)**
- At what capacity is your business currently operating? **(10)**
 - Operating at 100% **(2)**
 - Operating at 75% **(6)**
 - Operating at 50% **(10)**
 - Operating at 25% or closed **(6)**
- If awarded the grant, how will the business utilize the funds received? Select all that apply.
 - Rent/Mortgage
 - Utilities
 - Payroll
 - Costs related to reopening business
 - Other
- Total amount of grant funding requested?

(5) Adaptability and Innovation

- Has the business made attempts to introduce new products or services or adapt existing products and/or service offerings in order to maintain revenue during COVID-19? **(up to 5)**

(20) #LoveLansing Community Impact

- Does this applicant use local vendors or suppliers? **(up to 5)**
- Does the applicant business intentionally employ or provide programming/services for any of the following populations? (Check all that apply) **(up to 15)**
 - 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



NONPROFIT CRITERIA

(15 maximum) Nonprofit Leadership Characteristics

- Is the applicant non-profit minority owned? (Is the staff director part of a minority group?)
- Is the applicant non-profit woman-owned? (Is the staff director a woman?)
- Is the applicant non-profit veteran-owned? (Is the staff director a veteran?)
- Is the staff director a person with a disability?
- Does 51% or more of your nonprofit's board identify as one or more of the following? **(15 if yes)**
 - Minority
 - Woman
 - Veteran
 - Persons with disabilities

(10) Nonprofit Characteristics

- What is the non-profit's physical address?
- Does the non-profit have multiple locations?
- Does the owner have multiple non-profits?
- Is the business a franchise?
- Does the non-profit sell products and/or services physically in person (such as retail, restaurant, personal service, etc)?
- How many years has the non-profit been in operation? **(up to 5 points)**
 - 0-2 years **(1 point)**
 - 3-5 years **(2 points)**
 - 6-10 years **(3 points)**
 - 11-24 years **(4 points)**
 - 25+ years **(5 points)**

- What is primary industry that the non-profit is in?
 - Food Service – coffee, bakeries, restaurants, catering, breweries, distilleries, wineries, tea shops
 - Healthcare – chiropractors, dental, health clinics
 - Personal Care – massage, salons, childcare
 - Fitness, Recreation, Arts & Entertainment – gyms, studios, RV park, campground, bowling alley, movie theaters, golf courses
 - Retail – bookstores, hardware, anything being sold that is not food
 - Accommodations – bed and breakfast, or any other lodging facility
 - Transportation – limo services, etc.
 - Construction – construction services
 - Maintenance & Repair – auto repair, dealership, cell phone repair, landscaping and lawn maintenance
 - Professional & Other Services – taxes, consulting, publishing, marketing
 - Nonprofit – churches, religious centers, advocacy organizations, etc.
 - Advanced Manufacturing
 - Mobility and Automotive Manufacturing
 - Tech
 - Engineering, Design and Development
 - Medical Device Technology
 - Agribusiness
 - Logistics
 - Other Manufacturing
 - Other
- Non-Profit Type
 - C Corporation – Public
 - C Corporation -Private
 - S Corporation – Public

- S Corporation -Private
 - Non-Profit Corporation
 - Professional Corporation
 - Limited Liability Company
 - Professional Limited Liability Company
 - General Partnership
 - Limited Partnership
 - Limited Liability Partnership
 - Professional Limited Liability Partnership
 - Sole Proprietorship
 - Disregarded Entity
 - Other
- Does your nonprofit's mission and work fall into one or more of the following categories? Select all that apply. **(Up to 5. If more than 1 category selected, receive the higher point value)**
- Social Services **(5)**
 - Social Justice**(4)**
 - Economic Development**(3)**
 - Education**(2)**
 - Arts and Culture**(1)**
 - Other**(0)**
 -
- What geographic area(s) does your organization serve?

(10) Employment Characteristics

- How many employees did the non-profit have as of March 16, 2020?
- What is the current number of employees?
- How many employees will be retained as a result of funding? **(up to 5)**
 - 1-4 **(1)**
 - 5-9 **(2)**
 - 10-20 **(3)**
 - 21-35 **(4)**
 - 36-50 **(5)**
- How many employees will be hired as a result of funding from this grant? **(2)**
 - 1-4 **(1)**
 - 5+ **(2)**
- What is the average annual salary or average hourly pay of current employees? **(3 if \$15/hour or above)**

(35) Economic Distress/Working Capital Need

- 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. **(up to 5)**
- What percent of your nonprofit's annual funding comes from government support or reimbursement? **(up to 10)**
 - 0-25%**(10)**
 - 26-50%**(5)**
 - 51-100% **(0)**
- List your organization's funding sources and indicate which sources have been secured for the current fiscal year and which have been secured for the next fiscal year. **(up to 10)**
- What is the non-profit's monthly rent?
- What was the non-profit's total 2019 revenue?

- What is the non-profit's percentage of revenue lost since March 1, 2020 due to COVID-19? **(10)**
 - 1-15% **(2)**
 - 16-30% **(4)**
 - 31-50% **(6)**
 - 51-75% **(8)**
 - 76-100% **(10)**
- At what capacity is your non-profit currently operating?
 - Operating at 100%
 - Operating at 75%
 - Operating at 50%
 - Operating at 25% or closed
- If awarded the grant, how will the 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?

(10) Adaptability and Innovation

- Has the non-profit made attempts to introduce new products or services or adapt existing products/offerings in order to maintain revenue during COVID-19? **(up to 5)**
- How is your organization planning to expand or adjust its services in anticipation of the long-term effects of COVID-19? **(up to 5)**



(20) #LoveLansing Community Impact

- Please describe your non-profit's mission, service, or purpose.
- Please describe how your organization's mission connects to helping tri-county residents in the wake of COVID-19. **(up to 5)**
- How does your organization accomplish its mission? Be specific and include the impact your organization has on the community and how these funds help build capacity. **(up to 10)**
- Does the nonprofit use local vendors or suppliers?
- Does the applicant non-profit intentionally employ or provide programming/services for any of the following populations? (Check all that apply) **(up to 5)**
 - 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

NONPROFIT SURVEY

1. Please describe how your organization's mission connects to helping tri-county residents in the wake of COVID-19.
2. How does your organization accomplish its mission? Be specific and include the impact your organization has on the community and how these funds help build capacity.
3. How is your organization planning to expand or adjust its services in anticipation of the long-term effects of COVID-19?



4. What percent of your nonprofit's annual funding comes from government support or reimbursement?
5. List your organization's funding sources and indicate which sources have been secured for the current fiscal year and which have been secured for the next fiscal year.
6. Does your nonprofit's mission and work fall into one or more of the following categories? Select all that apply.
 - a. Social Services
 - b. Social Justice
 - c. Economic Development
 - d. Education
 - e. Arts and Culture
 - f. Other
7. Does 51% or more of your nonprofit's board identify as one or more of the following?
 - a. Minority
 - b. Woman
 - c. Veteran
 - d. Persons with disabilities
8. What geographic area(s) does your organization serve?
9. Please provide proof of your organization's nonprofit status (proof of tax status)