



MICHIGAN ECONOMIC DEVELOPMENT CORPORATION

Michigan Small Business Restart Program

Fri, Jul 10, 2020 — Wed, Aug 5, 2020

Details

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 CLICK "forms" AT THE TOP OF THE PAGE TO BEGIN THE GRANT APPLICATION****

Michigan Small Business Restart Program Forms

Grant Application

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payroll expenses, rent, mortgage payments, utility expenses or other similar expenses incurred between March 1, 2020 and December 30, 2020.

If you have any questions, please contact the MEDC Customer Care Center at (888) 522-0103. Hours are 8am-5pm Mon.-Fri. and closed for lunch 12-1 pm. During the lunch hours, callers may leave a voicemail. You can also send an email to medceconomic@michigan.org.

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.

Start→

Find or add your company to access Grant Application

search / add

Select My Location

Add Location

After successfully:

1. signing up / logging into an account
2. finding/adding company
3. selecting address/location

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.

Please note, when completing the application, you will be asked to indicate whether your business received a Michigan Small Business Relief Grant and if so, the amount of grant funding received. Please verify whether you received a Michigan Small Business Relief Grant before completing the application. A complete list of grant recipients can be found at: <https://www.michiganbusiness.org/about-medc/covid19/small-business-relief-program/>

If you have any questions, please contact the MEDC Customer Care Center at (888) 522-0103. Hours are 8am-5pm Mon.-Fri. and closed for lunch 12-1 pm. During the lunch hours, callers may leave a voicemail. You can also send an email to medceconomic@michigan.org.

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; and

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

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 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. Please note, the local EDO may include additional or other certification agreement or grant agreement other than the document included in this application. 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 and elects to use the Application Certification Form, 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 Mon.-Fri. and closed for lunch 12-1 pm. During the lunch hours, callers may leave a voicemail. You can also send an email to medceconomic@michigan.org.

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

(if Yes) Please enter the applicant company's DBA or Trade Name *

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) (optional)

ELIGIBILITY QUESTIONS

If your business/non-profit received an MI Small Business Relief Program grant, select any of the following Economic Development Organizations (EDOs) that provided the grant. If none, select "None." Refer to the "Instructions" above for additional info *

- 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
- None of the Above. Applicant Business/Non-Profit did not receive a Small Business Relief Program grant previously from any of the 15 Local Economic Development Organizations

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

(if Yes) Please select all that apply *

- Black or African American
- Hispanic American
- Native American (Alaska natives, native Hawaiians, or enrolled members of a federally or State recognized Indian tribe)
- Asian American
- Arab or Middle Eastern American

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

(if Yes) Please enter the address(es) of the other location(s) *

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

- Yes
 No

(if Yes) What is the name(s) of the other business(es)/non-profit(s)? *

Will the applicant apply, or have they applied, for the Michigan Small Business Restart Program funding for other locations? *

- Yes
 No

Is the business a franchise? *

- Yes
- No

(if Yes) Please check all that apply *

- Locally-owned AND operated
- Majority-owned by an individual
- Majority-owned by a group

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

(if Yes) Please explain *

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

(if Selected) Please describe: *

Economically-disadvantaged

(if Selected) Please describe: *

Low-income children

(if Selected) Please describe: *

Elderly

(if Selected) Please describe: *

Homeless

(if Selected) Please describe: *

Persons with disabilities (including physical, intellectual, developmental, or emotional)

(if Selected) Please describe: *

Returning citizens

(if Selected) Please describe: *

Small businesses with less than 50 employees

(if Selected) Please describe *

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? *

Options: Operating at 100%; Operating at 75%; Operating at 50%; Operating at 25% or Closed

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

- Yes
 No

(if Yes) Please explain: *

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

Options:

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

(if Selected) Please explain: *

Business/Non-Profit Type *

Options:

C Corporation – Public

C Corporation -Private

S Corporation – Public

S Corporation -Private

Non-Profit Corporation

(if Selected) Please choose one of the following. If "Other" please explain in the comment box. *

501c3

501c6

Religious Organization

Other

Please describe your non-profit's mission, service, or purpose *

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

(if Selected) Please explain *

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

(if Selected) Please describe and include amount *

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

Submit