

# Restart Flint & Genesee Grant Application

## CONTACT INFORMATION

Applicant/Business Owner Name:

Business Legal Name, DBA if applicable:

Phone:

Fax:

Email:

Business Address:

Business City:

State: MI

Zip:

AMOUNT REQUESTED (up to \$5,000):

## BUSINESS INFORMATION

Business Legal Name:

Business Owner Name:

Business Owner Race/Ethnicity or Woman-Owned:

- White  
  Black or African American  
  American Indian or Alaska Native  
  Asian  
  Native Hawaiian or Other Pacific Islander  
 Hispanic/Latin  
  Woman-Owned  
  Other (Please Specify):

Website:

Business Type (i.e. sole proprietorship, LLC, etc.):

Business Industry, NAICS Code if known (i.e. manufacturing, retail, hospitality):

- Barber shop/Hair salon  
  Tattoo Parlors  
  Bars/Restaurant  
  Retail  
  Construction/Landscaping  
  Fitness Gym  
 Daycare  
  Senior Living/Care Facilities  
  Non-critical manufacturing  
  Other (Please Specify):

EIN Number:

Year Business Established:

Do you have multiple locations?  Yes  No

If yes, please list address(es):

Are you a franchise/national chain?  Yes  No

Please describe the goods/services your business provides.

Has the owner, or the business filed for bankruptcy with this business?  Yes  No

Is the business in good standing?  Yes  No

Did you apply for Paycheck Protection Program, EIDL Loan, MEDC grant/loan, or other state or federal aid?  Yes  No

If so, were you successful?

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## BUSINESS INFORMATION (continued)

Please provide a detailed description on why your business is valuable to the clients/neighborhoods served. Does your business provide goods/services that are critical to the place in which your business is located? *The more descriptive you are allows reviewers to better understand why grant funds are needed.*

Please provide a detailed explanation on why the need is so great for grant funding. In your explanation, please include how the current environment has affected your business and the economic hardship experienced as a result of the pandemic. *The more descriptive you are allows reviewers to better understand why grant funds are needed.*

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## BUSINESS INFORMATION (continued)

What are the estimated expenses for restarting your business? *The more descriptive you are allows reviewers to better understand why grant funds are needed.*

## EMPLOYMENT INFORMATION

How many employees did you have as of March 15, 2020?

How many employees do you have as of today's date?

What changes have you made to your workforce as a result of the pandemic?

## FINANCIAL INFORMATION

What was your annual revenue for the previous 3 years?

2017:	2018:	2019:
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Provide your estimated revenue loss since March 15, 2020:

Please provide your estimated revenue loss for the next 3 months.

May:	June:	July:
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## AGREEMENT

1. By submitting this application, we agree all program guidelines will be fulfilled
2. By submitting this application, we agree to verifications from the USA Patriot Act and Michigan State Police Sex Offender Registry
3. By submitting this application, you authorize the Restart Flint & Genesee Grant Program to make inquiries into the business with information that you have supplied.
4. By submitting this application, you acknowledge and accept that you will sign a public-disclosure agreement if you are awarded a grant. Recipients must acknowledge and accept that the names of the grantees will be shared publicly with the news media as well as on the Flint & Genesee Chamber of Commerce's website and social media channels.
5. Your personal information will be collected only for qualification purposes.

I have read the above terms of agreement