



City of Michigan City, Indiana
Small Business Assistance Grant Program

APPLICATION



**SMALL BUSINESS ASSISTANCE GRANT
APPLICATION**

NOTE: This is a reimbursement grant. Awardees will be required to submit receipts for project items as proof of expenses, therefore must retain documentation; further details will be included within funding agreements.

INSTRUCTIONS: Type responses directly into the form and save your work as a single file for submission. **Applicant must complete all fields and provide a certification signature** to apply for the Small Business Assistance Grant. Electronic signatures are accepted. If additional space is needed, please include attachments in submission. For further instructions, please refer to the Grant Guidelines Packet and Application Checklist.

PART 1: Applicant / Entity Information		
Applicant / Entity Name		
Main Contact Name and Title		
Main Contact Phone Number		
Main Contact Email Address		
Applicant / Entity Address		
Length of Operation (Must be in operation as of March 1, 2020)		
Brief Description of Applicant / Entity		
Number of Full-Time Employees or Equivalent		
Estimated Number of Patrons Served		
<i>During a typical year of operation</i>		
<i>During pandemic years of operation</i>		
PART 2: Funding Information		
Amount of funding requested:	\$	



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BUSINESS SECTOR

Check which business sector your organization falls under.

Then, describe the business need the funding from this grant program would address.

- Manufacturing/Childcare/Grocery/Restaurant/Food & Beverage
- Retail: Clothing, Electronics, Sporting Goods, Hobby Stores, Health/Beauty Products, Furniture & Home Furnishings
- Service: Beauty/Barber, Tattoo, Printing/Paper/Supplies

- Other- please explain:



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ADVERSE ECONOMIC EFFECT(S) ON BUSINESS

Check which adverse economic effects on business your organization has experienced.

You may choose 2 options maximum.

Then, describe in further detail how the pandemic has financially impacted your organization.

- Decline in Gross Revenue, Periods of Business Closures
- Supply Chain issues including increases in costs
- Support payroll, mortgage/rent/utilities payments, employee retention or other operating expenses
- Rehabilitation of commercial properties, storefront improvements and façade improvements to promote business viability and stability

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VETERAN/MINORITY/WOMEN-OWNED BUSINESS

If you are a business owner that is outlined below, please check the appropriate box that reflects your ownership.

- Veteran Owned Business
- Minority Owned Business
- Women Owned Business

JOB/EMPLOYEE RETENTION

Applicant pledges to retain or rehire employees during the **six-month** term of the assistance.

If using assistance for payroll, must pledge to a minimum of 1 job/position full-time employee.

- I pledge to retain or rehire employees during the **six-month** term of the assistance.
- I am using funding for assistance in payroll and pledge to a minimum of 1 job/position full-time employee.

DEMONSTRATED CAPACITY

Check the box below if it accurately reflects your business standing.

- Applicant has been in business for **three years** or more **and** has an **established banking relationship**



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If full funding is **not** awarded, how will the business cover the balance of negative economic impacts?

Alternatively, if additional funding **were** to be awarded, how would projects/programs be scaled depending on award?

Empty response area for the application questions.



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How does your organization plan to track the impact of the award?
Attach your draft budget for intended use of funds.

Empty response area for the application question.



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Has the organization received other Federal awards in 2020, 2021 or 2022?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, indicate the type of award:			
If yes, indicate the amount of award:	\$		

PART 3: Certification

By signing this grant application, I certify that the information included is true, complete, and accurate. I acknowledge that I have reviewed the grant application guidelines and understand that this application will undergo a full review before an award decision is made. I further declare that I have legal authority to sign on behalf of this business.

Signature of Authorized Applicant / Entity Representative		
Date		