



**City of Michigan City, Indiana
Small Business Assistance Grant Program**



APPLICATION

SMALL BUSINESS ASSISTANCE GRANT APPLICATION

INSTRUCTIONS: Application will be completed online at <https://www.edcmc.com/arpa-small-business-grant/>

Applicant must complete all fields and provide a certification signature to apply for the ARPA Small Business Assistance Grant. For further instructions, please refer to the Grant Guidelines and Application Checklist.

PART 1: Applicant / Entity Information		
Business Name		
Main Contact Name and Title		
Main Contact Phone Number		
Main Contact Email Address		
Business Address		
Length of Operation (Operational prior to March 3, 2021)		
Brief Description of Business		
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 grant 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,
- Art/Media: Book Stores, Fine Art, Jewelry/Crafts, Art/Media/Audio Visual/Music
- 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.
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
- Capacity to weather financial hardship including: supporting payroll, mortgage/rent/utilities payments, employee retention or other operating expenses



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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.

OR

If the company is **51% or more** veteran/minority/women-owned, please check the appropriate box that reflects ownership.

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

JOB/EMPLOYEE RETENTION

Applicant pledges to retain or rehire employees with a minimum of 1 job/position full-time employee.

- I pledge to retain or rehire employees with 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 operational for **three years**, (prior to March 3, 2021), or more **and** has an **established banking relationship**.



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NOTE: Attach all files on the online application at: <https://edcmc.com/arpa-small-business-grant>

PART 3: Files- Attach the following necessary files before submitting your application.	
Copy of Applicant's Driver's License	
Employee Verification Form (I-9 or W2- Applicant Only)	
IRS Determination Letter (If Applicable) EO Operational Requirements: Obtaining Copies of Exemption Determination Letter from IRS Internal Revenue Service <u>OR</u>	
Certificate of Existence with the Secretary of State INBiz - Indiana's One Stop Source for Your Business	
Financial Statements for 2019, 2020, 2021 (Summary Sheet from Tax Returns)	
Project Narrative/Overview with estimate details for how the business intends to use the funds	

PART 4: 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	