**FY 21 Optimize Main Street**

**Local Business Worksheet**

**Program Description:** *Optimize* *Main Street* is a pilot program that will support place-based businesses located in select or master level Michigan Main Street districts by providing technology-related technical assistance and grant funding. Through the expansion of individual technological expertise and use of digital tools, participating businesses will aim to refine efficiency in business operations, improve connectivity to customers, and/or increase sales. The *Optimize Main Street* program is implemented through a combination of one-on-one business coaching, a customized learning module, and up to $2,500 in a technology grant.

The Optimize Main Street Program Guidelines can be found at [www.miplace.org/optimize-main-street](http://www.miplace.org/optimize-main-street).

**Local Business Worksheet Directions:** Please complete this form and submit it to your Main Street Organization listed below.  
  
Main Street Organization Name:

Main Street Organization Address:  
Contact Person:

Phone Number:

Email:

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| **Optimize Main Street Local Business Worksheet** | | | | | | |
| **Business Point of Contact** | First and Last Name: | | | | | |
| Email: | | | | | |
| Cell Number: | | Office Number: | | | |
| Best way to contact: | Email | Cell Phone | Office Phone | |
| Organization Role: | Owner | Employee | Other: Please describe your role | |
| **Business Information & Eligibility Certification** | **Business Information** | | | | | |
| Legal Business Name |  | | | | |
| DBA (if applicable) |  | | | | |
| Business Address | Street Address: | | | | |
| City: | | | Zip: | |
| Business Type | Restaurant  Retail  Service  Other | | | | |
| **Technology Project** | | | | | |
| Question #1: Please describe the technology project that you are looking to implement by participating in the Optimize Main Street program? |  | | | | |
| Question 2: Please describe why this improvement is necessary for the successful operation of your business? |  | | | | |
| Question 3: Local consideration question |  | | | | |
| Question 4: Local consideration question |  | | | | |
| Eligibility Certification | Do you have a physical location in the Michigan Main Street District or DDA district that the Main Street Program oversees? | | | Yes | |
| No (If no, business is ineligible) | |
| Is your business headquartered in Michigan? | | | Yes | |
| No (If no, business is ineligible) | |
| Does your business have a need for technology integration? | | | Yes | |
| No (If no, business is ineligible) | |
| Will you commit to be coachable and to completing the required technical assistance associated with the Optimize Main Street program? | | | Yes | |
| No (If no, business is ineligible) | |
| If selected to participate, can you confirm your ability to complete the minimum required coaching and technical assistance within 45 days of application award notification? | | | Yes | |
| No (If no, business is ineligible) | |
| **Signature** | Signature from Authorized Small Business Participant: | | | Date: | | |
| Name | | | Title | | |