

MATCH ON MAIN

Match on Main Application

Thank you for your interest in the Match on Main program. Applications are due by March 5, 2021. Prior to starting this application, it is expected that you have reviewed the Program Guide and all other relevant program information. [Click here to access the Program Guide.](#)

Application features work best in Google Chrome, Mozilla Firefox or Microsoft Edge browsers. Please do not use Internet Explorer for this application. Once you start the online application, you will need to complete all sections and submit your application in one sitting. You will not have the ability to re-access your application once submitted. You may wish to record your answers in a separate word document and gather all required attachments before starting your application, so that you can transfer information into the online application form.

Please note that all narrative questions have a 350-word limit; all attachments must be 5MB or smaller. [Click here to see a PDF copy of the entire application, including required narrative questions and attachments.](#) Submitted applications will be reviewed for completeness and eligibility. Eligible and complete applications will be scored to determine how funding will be awarded, and applicants will be notified of their funding status as soon as possible. Final eligibility and funding determinations are made at the discretion of the MEDC.

APPLICANT ELIGIBILITY

Please answer the following questions to help determine your organization's eligibility for the Match on Main program. Final eligibility and funding determinations are made at the discretion of the MEDC.

Applicant Entity Name (Legal Name)

Optional: Main Street Program Name, if different than Legal Name

Applicant Primary Point of Contact Name**Applicant Primary Point of Contact Email****Applicant Primary Point of Contact Phone****Applicant Entity Address****Applicant Entity Address Line 2****Applicant Entity City*****Applicant Entity State****Applicant Entity Zip Code****Applicant Entity Office Phone Number****Applicant Entity Type**

If a community has multiple organizations that could be considered qualified applicants, the organizations should communicate with one another to avoid competing application submissions. Please note that the MEDC will only award grant funds to one qualified applicant under each grant agreement. If multiple applications for the same community are submitted, they must represent different traditional commercial districts within the community. If multiple applications are submitted on behalf of the same district, the MEDC reserves the right to deny any or all of the applications.

Name of Community that Applicant is applying on behalf of.

Name of Community that Applicant is applying on behalf of

In order to qualify for Match on Main Funding, an applicant must represent a district that is located within a community that is Certified in the Redevelopment Ready Communities Program ([RRC Map](#)). OR an applicant must represent a district that is engaged in the Michigan Main Street Program ([MMS Map](#)).

***RRC or MMS Status**

☐ Certified in RRC

☐ Engaged in MMS

PREVIOUS STEP



Step 1 / 6

NEXT STEP

APPLICANT COMPETITIVENESS CRITERIA

The questions and attachments in this section will be used to evaluate your application for Match on Main program funding. Please provide concise responses to the following narrative questions and be sure to submit all required attachments. Please note that all narrative questions have a 350-word limit; all attachments must be 5MB or smaller.

1. How long has your organization been in operation? Describe your organization's history working within the district in which the eligible business is located. How has your organization provided direct support to local businesses within your district? Please provide specific examples. (Examples: technical assistance, small business workshops, funding programs, etc.)

2. Why did your organization choose the selected business to put forward for the Match on Main program? How does providing support for the selected business help achieve the mission, vision, and/or a strategic priority of your organization? How will the project proposed by the selected business enhance the district where the selected business is located? Please provide detailed examples.

Please describe your organization's capacity to administer the Match on Main program by highlighting past grant management experience (example: façade program). If awarded Match on Main funding, please describe how you will manage the program, including but not limited to, your anticipated method for receipt collection and disbursement of funds. Please also explain your strategy for communication with the selected business and the Michigan Economic Development Corporation to ensure a smooth grant administration process.

4. Please describe the process and/or scoring approach that your organization used to select the business submitted for the Match on Main program. Provide details on communication and outreach to eligible businesses, key decision makers that determined which business was included in the final application, scoring criteria used and why those factors were applied to the selection process.

OPTIONAL ATTACHMENT: Upload a blank scoring matrix (or other forms/materials) that your organization used to evaluate and select the businesses included in this application.

Choose File No file chosen

Please attach the General Application Certification Form. Additional information about these documents can be found in Appendix G.

Choose Files No file chosen

Please attach a Background Check Disclosure Form. Additional information about this document can be found in Appendix G.

Choose Files No file chosen

PREVIOUS STEP

Step 2 / 6

NEXT STEP

BUSINESS ELIGIBILITY CRITERIA:

Please answer the following questions to help determine eligibility of the selected business for the Match on Main program. Final eligibility and funding determinations are made at the discretion of the MEDC.

Legal Name of Business

The businesses are located within the boundaries of the municipality that the applicant serves. (You must be able to answer "yes" to this question to be eligible for this program.)

☐ Yes

The businesses is located in a traditional downtown, historic neighborhood commercial district, or area planned and zoned for concentrated commercial development. (You must be able to answer "yes" to this question to be eligible for this program.)

☐ Yes

The business sells products and/or services face to face AND has a physical location within a traditional downtown, historic neighborhood commercial corridor, or area planned and zoned for concentrated commercial development (Ex. The business has a storefront location downtown.) You must be able to answer "yes" to this question to be eligible for this program.

☐ Yes

The business is operating as a for-profit or non-profit. (You must be able to answer "yes" to this question to be eligible for this program.)

☐ Yes

The businesses are headquartered in Michigan. (You must be able to answer "yes" to this question to be eligible for this program.)

☐ Yes

Has the business included in this application reported that they have received or been approved to receive support from a previous round of the Match on Main program? (You must be able to answer "no" to this question to be eligible for this program.)

☐ No

Has the business included in this application reported that they have received or been approved to receive support from a previous round of the Match on Main program? (You must be able to answer "no" to this question to be eligible for this program.)

☐ No

A list of previous Match-on-Main awardees can be found [by clicking here](#).

PREVIOUS STEP

Step 3/ 6

NEXT STEP

BUSINESS & PROJECT SPECIFIC INFORMATION

Please answer the questions below using the Local Business Worksheet completed by the selected business to guide your answers. The Local Business Worksheet is a required attachment; you will be asked to upload a copy later in the online application.

Total dollar amount of Match on Main funds being requested

Total dollar amount of match being contributed by the business owner. Please note that a minimum of 10% is required for participation in this program

Total dollar amount of other private investment being contributed towards this project (excluding required match)

Total square footage of business selected for funding

Total square footage being activated, renovated, or improved as a result of this project

Number of new full time jobs being created as a result of this project.

Number of new part time jobs being created as a result of this project.

Number of retained full time jobs being created as a result of this project.

Number of retained part time jobs being created as a result of this project.

Is the selected business a new business (in operation for 12 months or less)?

☐ Yes

☐ No

If you answered yes to the above question, please attach a business plan reviewed by a third-party small business resource provider (see program guide for additional information)

No file chosen

If you answered "No" to the question above you may still include a business plan if desired (see program guide for additional information).

No file chosen

PREVIOUS STEP

Step 4/ 6

NEXT STEP

BUSINESS COMPETITIVENESS

The questions and attachments in this section will be used to evaluate your application for Match on Main program funding. Please provide concise responses to the following narrative questions and be sure to submit all required attachments. Many of these questions pertain to the selected business and may have been answered on the Local Business Worksheet. Please note that all narrative questions have a 350-word limit; all attachments must be 5MB or smaller.

1. Please describe the scope of the project, including specific activities or expenses, that the selected business is seeking to fund through the Match on Main program. Explain how the project scope aligns with the budget and cost estimates provided by the business.

Local Business Worksheet

No file chosen

Cost Estimates from a Third-Party

No file chosen

Please upload three (3) before photos of project.

No file chosen

2. Is the selected business meeting the required minimum cash match of 10% of the Match on Main grant request? Has the selected business undertaken (or is the selected business anticipated to undertake) any additional private investment or improvements outside of the Match on Main grant request? If so, please describe the anticipated investment and/or improvements.

3. Describe any other technical assistance received, business resources explored, or financial resources investigated that will support this project and/or business operations. This may include opportunities for traditional financing, local grants, analyzing the cost/benefit of the investment, consultation with local small business resource providers, market data, or national trends/ best practices. Why did you pursue or not pursue these avenues of technical assistance, business resources, financial resources, etc.?

4. How is the project proposed by the selected business anticipated to result in business growth? Please provide specific examples. How is the project proposed by the select business anticipated to result in increased operational efficiencies and/or activation of underutilized or vacant space? Please provide specific examples.

5. How is execution of this project anticipated to result in the creation and/or retention of jobs within your business? Please include at least the following information: number of jobs that will be retained and/or created (including owner/operator, if applicable), the type of jobs that will be retained and/or created, and whether the job(s) retained and/or created will be full or part time positions. Note that Match on Main is not evaluating projects based on the number of jobs created or retained, but simply would like to understand how projects will impact job creation and/or retention.

6. Recognizing that Match on Main is a GRANT REIMBURSEMENT program, how do you intend to cover the costs associated with your project prior to receiving reimbursement from the Michigan Economic Development Corporation? Please include an anticipated monetary total for the project costs, identify available funding source(s) for the project and amount of available funding (ex. Bank loan or cash from savings), explain whether the project funding source(s) is currently available and/or how funding source(s) will be accessed to implement the project, and outline an anticipated project timeline.

CRITERIA RELATED TO BUSINESS LOCATION IN A GEOGRAPHICALLY DISADVANTAGED AREA, OVERALL DISTRIBUTION OF FUNDING ACROSS REGIONS OF THE STATE AND/OR ANY OTHER FACTORS MAY ALSO BE APPLIED TO EVALUATE OR SCORE APPLICATIONS. ALL SCORING AND EVALUATION DECISIONS ARE MADE AT THE DISCRETION OF THE MEDC.

PREVIOUS STEP

Step 5/ 6

NEXT STEP

APPLICATION CERTIFICATION

To certify your application for final submission, you must be able to answer "yes" to the questions below. Submitted applications will be reviewed for completeness and eligibility; any incomplete or ineligible applications will be notified that they are not eligible to move forward in the scoring process. Eligible and complete applications will be scored to determine how funding will be awarded and applicants will be notified of their funding status as soon as possible. Final eligibility and funding determinations are made at the discretion of the MEDC.

I have completed all narrative questions.

☐ Yes

I have uploaded all required attachments and any optional attachments I wish to provide

☐ Yes

I certify that business included in this application has reported that they meet all business eligibility criteria.

☐ Yes

If awarded funds, I certify that the organization I am applying on behalf of will comply with all MEDC requirements, including but not limited to, marketing, promotions, reporting and compliance. Terms and conditions related to these requirements will be defined in the final grant agreement

☐ Yes

PREVIOUS STEP

Step 6/ 6

NEXT STEP