**Appendix C: Local Business Worksheet**

**\*PRIOR TO SENDING TO SMALL BUSINESSES IN YOUR DISTICT, PLEASE EDIT SECTIONS**
**IN YELLOW\***

**Match on Main – COVID-19 Response Program**
**Local Business Worksheet**

**INSERT Name of Municipality/DDA/Main Street Organization Here**

|  |
| --- |
| **Local Business Worksheet** |
| **Point of Contact** | First and Last Name:  |
| Email:  |
| Cell Number:  | Office Number:  |
| Best way to contact you: | [ ]  Email | [ ]  Cell Phone | [ ]  Office Phone |
| Business Role: |  [ ]  Owner |  [ ]  Employee | [ ]  Other: Please describe your role |
| **Business Information** | Business Name: |
| Street Address:  | City: |
| State: | Zip Code: |
| Business Type: [ ]  Retail [ ]  Restaurant [ ]  Service [ ]  Other |
| Is your business a for-profit entity? [ ]  Yes [ ]  No |
| Is your business headquartered in Michigan? [ ]  Yes [ ]  No |
| Does your business have 25 or less employees? [ ]  Yes [ ]  No |
| How many jobs are going to be retained by your businesses (full and part time)?  |
| **Business Location** | Is your business a brick-and-mortar storefront with face to face operations located within your community’s INSERT NAME OF LOCAL DISTRICT HERE? | Local District Map:INSERT Link to local district map to help your businesses determine if they are located within your district |
| [ ] Yes | [ ] No |
| **Low to Moderate Income**  | *Why are we asking? Through the Michigan Economic Development Corporation (MEDC)’s Match on Main-COVID-19 Response Program, preference will be given to applications that include businesses with owners who financially qualify as low-to-moderate income based on federally supplied data.* *If a business owner does not qualify as low-to-moderate income, applicants may still include the business in their application. The low-to-moderate income qualification is only a preference of the program. A business owner failing to meet the low-to-moderate income threshold for their County does not disqualify the business from inclusion in the application.* *INSERT LOW TO MODERATE COUNTY DATA APPLICABLE FOR YOUR COUNTY HERE* *(See Appendix G).* |
| [ ]  As a business owner, I qualify as low-to-moderate income based on the data above. |
| [ ]  As a business owner, I do not qualify as low-to-moderate income. |
| **COVID-19 Related Impacts****COVID-19 Related Impacts (Continued)** | Has your business realized a significant financial hardship related to COVID-19? | [ ]  Yes | [ ]  No |
| *Please describe the impacts COVID-19 has had on your business below.* |
|  |
| *If your business received funding support from the MEDC’s Match On Main – COVID-19 Response Program, how would you use the funds?* |
|  |
| **Previous MEDC****Grants or Loans** | *Have you received financial support from any of the following Michigan Economic programs?* |
| **Michigan Small Business Relief Program:** The Michigan Small Business Relief Program created by the MSF includes grants and loans administered in conjunction with the regional economic development organizations (EDOs). More information here: here:<https://www.michiganbusiness.org/about-medc/covid19/small-business-relief-program/> | [ ]  Yes |
| [ ]  No |
| [ ]  Unsure |
| **Match on Main Program:** Match on Main is a grant program for small businesses located in Select or Master Level Michigan Main Street Communities. More information here: <https://www.miplace.org/small-business/resources/> | [ ]  Yes |
| [ ]  No |
| [ ]  Unsure |
| **Local Questions & Considerations** | In order to help identify which businesses receive funding locally, INSERT municipality/DDA/Main Street Organization name here would also like small business applicants to answer the following questions.  |
| QUESTION 1: INSERT TEXT HERE |
|  |
| QUESTION 2: INSERT TEXT HERE |
|  |
| QUESTION 3: INSERT TEXT HERE |
|  |

\*\***Upon application completion, please submit to:**

**INSERT Local Municipality/DDA/Main Street Organization Name here.**

**INSERT Local Contact Name, Email, Phone Number**