**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**