

APPENDIX B: Application

The application for the Match on Main – COVID-19 Response Program will be available online and can be found by using the www.miplace.org/match-on-main link. The first section of the application will ask questions to determine an applicant's eligibility to participate in the Match on Main-COVID Response program. The second section will ask narrative questions and require document submissions that will be used to score applications. The last section will ask applicants to certify their application for submission.

There are three attachments requested as part of the application:

- **REQUIRED:** The Selected Business List (Appendix E)
- **REQUIRED:** Business Map
- **OPTIONAL:** Business Scoring Matrix Document (Appendix D)

The application will need to be completed in one attempt; therefore, it is important that applicants have all of the above information on-hand at the time of submission. Applicants may wish to record their answers in a separate word document and gather all required attachments before starting the application. Please note that all narrative questions have a 350-word limit; all attachments must be (4MG) or smaller.

**CONTINUE BELOW FOR A STEP-BY STEP IMAGE GUIDE OF THE
ONLINE APPLICATION**

Screen 1: Program Overview & Program Eligibility

MATCH ON MAIN

Application

Thank you for your interest in the Match on Main-COVID Response program. Applications are due by 5pm on May 29, 2020. If you have not already reviewed the Program Guide, we strongly recommend that you do so prior to submitting an application. [Click here to access the Program Guide and other relevant program information.](#)

Please review the information below to assist you in completing the online application process:

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.

The first section of the application will ask questions to determine eligibility to participate in the Match on Main-COVID Response program. The second section will ask narrative questions and require document submissions that will be used to score applications. The last section will ask applicants to certify their application for submission. [Click here to see a PDF copy of the entire application, including required narrative questions and attachments.](#)

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 4MG or smaller.*

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.

PROGRAM ELIGIBILITY

Please answer the following questions to help determine eligibility for the Match on Main – COVID Response program. Final eligibility and funding determinations are made at the discretion of the MEDC. All fields marked with * are required.

Screen 1, continued: Program Overview & Program Eligibility

PROGRAM ELIGIBILITY

Please answer the following questions to help determine eligibility for the Match on Main – COVID Response program. Final eligibility and funding determinations are made at the discretion of the MEDC. All fields marked with * are required.

***Applicant Entity Name**

Legal Name

***Applicant Primary Point of Contact Name**

Applicant Primary Point of Contact Name

***Applicant Primary Point of Contact Email**

email@server.com

***Applicant Primary Point of Contact Phone**

555-555-5555

***Applicant Entity Address**

Applicant Entity Address Line 1

Applicant Entity Address Line 2

Applicant Entity Address Line 2

***Applicant Entity City**

Applicant Entity City

***Applicant Entity State**

Michigan

***Applicant Entity Zip Code**

XXXXX-XXXX

***Applicant Entity Office Phone Number**

555-555-5555

Screen 1, continued: Program Overview & Program Eligibility

***Applicant Entity Office Phone Number**

555-555-5555

***Applicant Entity Type**

-- Select an option --

***Total Amount of Funds Requested (Must be less than or equal to 50000)**

Max 50000 allowed Ex: 25000

***Name of Community that Applicant is applying on behalf of.**

Name of Community that Applicant is applying on behalf of

Please note that if a community has multiple organizations that could be considered qualified applicants, the organizations should partner and submit a joint application. 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, both applications will be denied.

RRC Status: Applicants must represent a district that is located within a community that is Certified or Engaged in the Redevelopment Ready Communities Program ([RRC Map](#)).

***RRC Status**

- Certified
- Engaged
- None

PREVIOUS STEP

Step 1 / 4

NEXT STEP

Screen 2: Business Eligibility Criteria

BUSINESS ELIGIBILITY CRITERIA:

Applicants must certify that EVERY business included in this application meets ALL eligibility criteria listed below in order for the application to be reviewed. All fields marked with * are required.

***Are the businesses located within the boundaries of the municipality that the applicant represents?**

Yes

***Are the businesses operating as for-profit entities?**

Yes

***Do the businesses sell products and/or services face-to-face AND have a physical location in a traditional downtown, historic neighborhood commercial district, or area planned and zoned for concentrated commercial development?**

Yes

***Does each business within this application have 25 employees or less?**

Yes

***Are the businesses headquartered in Michigan?**

Yes

***Have the businesses demonstrated they have been affected by the COVID-19 outbreak?**

Yes

***Have any of the businesses included in this application reported that they are ineligible business? Ineligible businesses are defined as non-profits, franchises, businesses located in strip malls, "big box" retailers and marijuana related businesses.**

No

Screen 2, continued: Business Eligibility Criteria

***Have any of the businesses included in this application reported that they are ineligible business? Ineligible businesses are defined as non-profits, franchises, businesses located in strip malls, "big box" retailers and marijuana related businesses.**

No

***Have any of the businesses included in this application reported that they have received or been approved to receive support from the Michigan Strategic Fund's Small Business Relief Program (Grant or Loan) or an MEDC Match on Main grant within the last 24 months?**

No

PREVIOUS STEP

Step 2/ 4

NEXT STEP

Screen 3: Competitiveness Criteria (Narrative Questions & Attachments)

COMPETITIVENESS CRITERIA

The questions and attachments in this section will be used to score your application for Match on Main-COVID Response 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 4MB or smaller.

***How will this funding support small businesses located in a traditional downtown, historic neighborhood commercial district, or area planned and zoned for concentrated commercial development? Why is small business support important to achieving the mission, vision, and/or a strategic priority of your organization? Please provide examples**

***Describe your organization's experience managing small business or other funding programs for your district (example: façade program). If awarded, how will you manage this program and what will be the process for awarding funds? How many days from the time you receive funds do you estimate it will take you to disburse funds to businesses?**

Screen 3, continued: Competitiveness Criteria (Narrative Questions & Attachments)

***How does your organization currently assist small businesses with leveraging resources available through local, regional, state, or federal organizations? Please provide specific examples. Additionally, how does your organization plan to support small businesses with accessing additional resources in the future?**

***How will Match on Main-COVID-19 Program funds impact businesses in your district? Are other local or regional programs available to businesses in your district? Have businesses in your district been able to access federal, state, regional or local programs for small businesses? Because of the limited funds available, MEDC will consider the overall impact of Match on Main-COVID-19 Response funding relative to other programs that may be available to businesses in your community and district.**

***Please describe the evaluation process and/or scoring approach that your organization used to select the businesses submitted for the Match on Main-COVID-19 Response program. Provide details on communication and outreach, key decision makers, funding allocation determination, 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

No file chosen

Screen 3, continued: Competitiveness Criteria (Narrative Questions & Attachments)

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

No file chosen

***Please provide information about the businesses your organization has submitted for funding consideration through the Match on Main-COVID Response program by uploading a Selected Business List that identifies each business being submitted for funding consideration. Submitting incomplete or inaccurate business information may result in your application being ineligible, so please be sure all required information is complete and accurate.**

No file chosen

***Required Attachment: Please provide a map of where each business, being submitted for funding as part of this application, is physically located within the boundaries of your municipality. The business location shown on the map should be the physical address where the business sells products and/or services face to face.**

No file chosen

PREVIOUS STEP

Step 3/ 4

NEXT STEP

Screen 4: Application Certification

APPLICATION CERTIFICATION

Please complete the questions below to certify your application for final submission. 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 businesses included in the selected business list have 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

SUBMIT

PREVIOUS STEP

Step 4/ 4

NEXT STEP