



MICHIGAN ECONOMIC
DEVELOPMENT CORPORATION

Match on Main FY 2025 Applicant Worksheet

[Appendix B](#)

Welcome to the Match on Main Program!

Application Overview

Thank you for your interest in the Match on Main program. Applications are due by **April 7, 2025**. Before you begin, it is essential that you have reviewed the Program Guide and all other relevant program information to fully prepare for this application. [Click here](#) to access the Match on Main program guide and details on required application materials.

This application template is provided for you to record your answers and gather all necessary attachments in advance. This will facilitate a smoother transfer of information into the online application form.

Notes:

- Submitted applications will be reviewed for completeness and eligibility.
- Complete and eligible applications will be scored to determine how funding will be awarded.
- 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.

[Click Here](#) to Begin the Online Application

Applicant Eligibility

Please answer the following questions to help determine your organization's eligibility for the Match on Main program.

Applicant Entity Name (Legal Name):	
Main Street Program Name, (if different than Legal Name):	

Note: An organization's legal name is the organization's name as it appears in the certificate of incorporation or the organization's application for charity status, unless a request was subsequently submitted to have the name officially changed. Do not use abbreviations (ex. DDA for Downtown Development Authority).

Applicant Primary Point of Contact:	
Email address:	
Phone number:	
Applicant Authorized Signer:	
Email address:	
Phone number:	

Note: Person within your organization authorized to sign legal documents; this person does not need to be the same as the Application Primary Point of Contact.

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Applicant Entity Address:	
Applicant Entity Office Phone Number:	
Applicant Entity Type: <input type="checkbox"/> Local Unit of Government <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Downtown Development Authority <input type="checkbox"/> Community Development Corporation <input type="checkbox"/> Other _____	
Name of Community on behalf of which the Applicant is applying:	

Note: *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 or geographic area, the MEDC reserves the right to deny any or all of the applications.*

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 OR an applicant must represent a district that is engaged in the Michigan Main Street Program. Please check your community status:	
Redevelopment Ready Communities:	<input type="checkbox"/> Essentials <input type="checkbox"/> Certified
Michigan Main Street Community:	<input type="checkbox"/> Select Level <input type="checkbox"/> Master Level

Applicant 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.

Describe your organization's history working within the district in which the eligible business is located.
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?

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Please describe your organization's capacity to administer the Match on Main program by highlighting past grant management experience (<i>Example: façade program</i>).
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 describe the process and/or scoring approach that your organization used to select the business submitted for the Match on Main program, including any considerations you used to ensure equitable and transparent access to the 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.

Business Eligibility Criteria

<p>Applicants must certify that the business they're applying on behalf of meets ALL eligibility criteria listed below in order for the application to be reviewed (Check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> The business(es) is located within the boundaries of the municipality that the applicant serves<input type="checkbox"/> The business(es) is in a traditional downtown, historic neighborhood commercial district, or area planned and zoned for concentrated commercial development<input type="checkbox"/> 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 (<i>Example: The business has a storefront location downtown</i>).<input type="checkbox"/> The business will have, or intends to have, control over the site for which they are applying prior to Match on Main application. (<i>Note: Changes in the proposed business location after grant selection may result in grant being forfeited</i>).<input type="checkbox"/> The business(es) is operating as a for-profit or non-profit<input type="checkbox"/> The business(es) is headquartered in Michigan <p>Has the business included in this application received or been approved to receive support from a previous round of the Match on Main program? (Link to previous awardees can be found here)</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No
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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

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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.

Certification of Complete Application

- ☐ I have completed all narrative questions.
 - ☐ I have uploaded all required attachments and any optional attachments I wish to provide.
 - I certify that the business included in this application has reported that they meet all business eligibility criteria.
 - 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.
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