

The COVID-19 pandemic negatively impacted small businesses in Dearborn, resulting in job loss and serious financial challenges. The City of Dearborn has created a Small Business Grant (SBG) Program offering grants to eligible small businesses toward the prevention of, preparation for, and response to the coronavirus.

The City of Dearborn Small Business Grant Program is offering grants to eligible small businesses in two categories:

1) Low Moderate Income (LMI) Microenterprises

Dearborn for-profit businesses with five or fewer employees INCLUDING the owner where the owner is LMI.

2) Other Small Businesses

Dearborn for-profit small businesses that have from six to 50 employees or microenterprises that are NOT owned by LMI owners.

SEE ATTACHED SMALL BUSINESS GRANT POLICIES AND PROCEDURES FOR CDBG-CV. READ POLICIES AND PROCEDURES CAREFULLY!

GRANT ASSISTANCE MAY NOT EXCEED UNDER ANY CIRCUMSTANCES \$5,000 FOR MICROENTERPRISES OR \$15,000 FOR OTHER SMALL BUSINESSES.

A. BUSINESS OWNER - PERSONAL QUESTIONS

- 1. OWNER (YOUR) NAME
- 2. HOME ADDRESS
- 3. BUSINESS ADDRESS
- 4. HOME PHONE: CELL PHONE:
- 5. BEST DAYS/TIMES TO REACH YOU BY PHONE:
- 6. EMAIL ADDRESS:

B. BUSINESS QUESTIONS

- 1. TYPE OF BUSINESS (e.g., restaurant, bar, spa/salon, brewery)
- 2. BUSINESS LEGAL NAME
- 3. OWNER STATUS

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<i>Owner's Name</i>	<i>Percentage of Business Owned</i>
LIST YOUR NAME FIRST:	
SECOND OWNER'S NAME:	
THIRD OWNER'S NAME:	

4. BUSINESS EIN (e.g., Federal Employer Identification Number (FEIN) or Federal Tax ID #):
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5. DUNS NUMBER: YOU **MUST** HAVE A DUN & BRADSTREET NUMBER TO APPLY FOR SBG FUNDS. SEE <http://fedgov.dnb.com/webform/index.jsp> TO APPLY. ENTER # HERE:
-
6. BUSINESS ORGANIZATION TYPE:
- | | | |
|-------------------|--|---------------------|
| SOLE PROPRIETOR | | LIMITED CORPORATION |
| LIABILITY COMPANY | | PARTNERSHIP |
-
7. ADDRESS OF BUSINESS LOCATED IN DEARBORN:
-
8. BUSINESS PHONE NUMBER:
-
9. BUSINESS EMAIL ADDRESS (if there is one):
-
10. BUSINESS WEBSITE (if there is one):
-
11. HOW LONG HAVE OWNED THE BUSINESS FOR WHICH YOU SEEK SBG FUNDS?
-
12. WHEN DID YOUR BUSINESS BEGIN OPERATIONS AT THE CURRENT ADDRESS?
 MONTH: YEAR:
-
13. IDENTIFY ANY PRIOR ADDRESS AT WHICH YOU OWNED AND OPERATED THIS BUSINESS
-
14. DOES YOUR BUSINESS HAVE ANY OUTSTANDING STATE OR LOCAL TAX LIENS OR LEGAL JUDGEMENTS?

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15. STATEMENT OF THE IMPACT OF COVID-19 ON YOUR BUSINESS (e.g., lost revenues, layoffs, past due bills, etc.):

16. WHAT IS THE BUSINESS PERCENTAGE OF REVENUE LOST SINCE MARCH 1, 2020 DUE TO COVID-19? (PLEASE ONLY ENTER A NUMERIC VALUE)

17. AT WHAT CAPACITY IS YOUR BUSINESS CURRENTLY OPERATING?

18. WHAT WAS THE BUSINESS TOTAL 2019 REVENUE? [REVENUE BY CALENDAR YEAR OR FISCAL YEAR IS ACCEPTABLE] (PLEASE ONLY ENTER A NUMERIC DOLLAR VALUE)

19. WAS YOUR BUSINESS DEEMED ESSENTIAL UNDER GOVERNOR WHITMER'S EXECUTIVE ORDERS REQUIRING CLOSURE OF NON-ESSENTIAL BUSINESSES?

YES NO

20. IF **YES** TO QUESTION 19, WAS YOUR BUSINESS ABLE TO OPERATE AT ALL WHILE THE EXECUTIVE ORDERS REMAINED IN EFFECT?

YES NO

21. DID YOU HAVE TO LAY OFF EMPLOYEES (EVEN IF TEMPORARILY) AS A RESULT OF GOVERNOR WHITMER'S EXECUTIVE ORDERS?

YES NO

22. IF **YES** TO QUESTION 21, HOW MANY FULL TIME AND PART TIME EMPLOYEES DID YOU LAY OFF?

FULL TIME EMPLOYEES LAID OFF: _____ PART TIME EMPLOYEES LAID OFF: _____

You will need to demonstrate loss through documentation at the end of the application.

23. HOW MANY EMPLOYEES DID THE BUSINESS HAVE IN 2019 BEFORE EXECUTIVE ORDERS WERE ISSUED? (PLEASE ONLY ENTER A NUMBER)

24. WHAT IS THE CURRENT NUMBER OF EMPLOYEES? (PLEASE ONLY ENTER A NUMBER)

25. HOW MANY EMPLOYEES WILL BE RETAINED AS A RESULT OF FUNDING FROM THIS GRANT? (PLEASE ONLY ENTER A NUMBER)

26. HOW MANY EMPLOYEES WILL BE HIRED AS A RESULT OF FUNDING FROM THIS GRANT? (PLEASE ONLY ENTER A NUMBER)

27. WHAT IS THE AVERAGE ANNUAL SALARY OR AVERAGE HOURLY WAGE OF CURRENT EMPLOYEES?

28. ARE YOU YOURSELF AN EMPLOYEE OF YOUR BUSINESS? (IF NO, SKIP TO QUESTION 32)

 YES NO

29. DOES YOUR BUSINESS HAVE FIVE OR FEWER EMPLOYEES INCLUDING YOURSELF AS OWNER? (IF NO, SKIP TO QUESTION 32)

 YES NO

30. PROVIDE TOTAL NUMBER OF ALL PERSONS LIVING IN YOUR HOUSEHOLD RELATED OR NOT

31. COMBINED GROSS ANNUAL INCOME OF ALL PERSONS IN YOUR HOUSEHOLD AGE 18 OR OVER

* FOR INTERNAL USE ONLY: 2021 HUD/HOME Income Limits

Number of persons in household	With gross annual income not to exceed:		Number of persons in household	With gross annual income no to exceed:
1	\$44,800		5	\$69,150
2	\$51,200		6	\$74,250
3	\$57,600		7	\$79,400
4	\$64,000		8	\$84,500

32. PLEASE RESPOND TO THE ITEMS BELOW (OPTIONAL):

INDICATE RACE CATEGORY (Optional)

White	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>
Asian	<input type="checkbox"/>	American Indian/ Alaskan Native	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native & White	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	Black/African American & White	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	Other Multi Racial	<input type="checkbox"/>

INDICATE ETHNICITY

<u>(Optional)</u> Hispanic	<input type="checkbox"/>	Not Hispanic	<input type="checkbox"/>
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Female Head of Household?	YES	NO
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33. PLEASE INDICATE ALL BUSINESS EXPENSES IN THE TABLE BELOW.

EXPENSES MONTHLY UNLESS OTHERWISE INDICATED	AMOUNT
MONTHLY (CHECK ONE)	
LEASE <input type="checkbox"/>	
RENT <input type="checkbox"/>	
MORTGAGE <input type="checkbox"/>	
GAS (AVERAGE MONTHLY)	
ELECTRIC (AVERAGE MONTHLY)	
DEBT PAYMENT (IDENTIFY)	
INSURANCE	
COST OF GOODS/SUPPLIES	
WATER AND SEWER QUARTERLY DIVIDED BY THREE	
DEBT PAYMENT (IDENTIFY)	
OTHER MONTHLY (IDENTIFY)	
OTHER MONTHLY (IDENTIFY)	
OTHER MONTHLY (IDENTIFY)	
TOTAL MONTHLY EXPENSES	

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34. COMPLETE THE TABLE BELOW SHOWING ALL FEDERAL, STATE, LOCAL GOVERNMENT AND PRIVATE GRANTS, LOANS OR OTHER ASSISTANCE YOUR BUSINESS HAS RECEIVED OR APPLIED FOR DURING THE COVID-19 PANDEMIC (SBA Loan, Emergency Advance Loan, Paycheck Protection Program [PPP] Loan, etc.).

LOAN, GRANT, OTHER ASSISTANCE APPLIED FOR (e.g., PPP)	AMOUNT APPLIED FOR	APPLICATION APPROVED OR DENIED	IF APPROVED, FOR WHAT COMMERCIAL PURPOSE WILL YOU USE FUNDS?
		APPROVED DENIED	Rent/lease/mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Something else <input type="checkbox"/>
		APPROVED DENIED	Rent/lease/mortgage Utilities Something else <input type="checkbox"/>
		APPROVED DENIED	Rent/lease/mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Something else <input type="checkbox"/>
		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	Rent/lease/mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Something else <input type="checkbox"/>
		APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	Rent/lease/mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Something else <input type="checkbox"/>

IF YOU DID **NOT** RECEIVE OR APPLY FOR ANY OTHER ASSISTANCE, CHECK THIS BOX.

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35. PER FEDERAL REGULATIONS, CERTAIN BUSINESSES MUST EITHER CREATE OR RETAIN AT LEAST ONE JOB COMPUTED ON AN FTE BASIS THAT MUST BE HELD BY A LOW- MODERATE INCOME PERSON IN EXCHANGE FOR SBG FUNDS.

BUSINESSES NEED ONLY PLEDGE TO CREATE OR RETAIN JUST ONE SUCH JOB BUT IF THEY PLEDGE TO CREATE OR RETAIN MORE THAN ONE FTE JOB, 51% OF SUCH JOBS COMPUTED ON AN FTE BASIS MUST ACTUALLY BE HELD BY AN LMI PERSONS. EXAMPLE: IF YOU WILL CREATE FIVE JOBS, THREE MUST BE HELD BY LMI INCOME PERSONS. **NOTE:** IF YOU LAY OFF THEN RE-HIRE EMPLOYEES LAID OFF, THIS IS, PER HUD GUIDANCE, JOB CREATION NOT JOB RETENTION.

A. I PLEDGE TO (CHECK **ONE**):

CREATE JOBS RETAIN JOBS

B. I PLEDGE TO CREATE OR RETAIN (AS INDICATED ABOVE) THE FOLLOWING NUMBER OF JOBS COMPUTED ON AN FTE BASIS:

C. 51% OF THE NUMBER INDICATED IN “B” ABOVE IS:

*(This represents the number of jobs that you must ensure are held by or will Be held by an LMI PERSON)
If you are creating or retaining just one job 51% is that ONE job.*

Please specify below the jobs your business intends to retain or create through the funds provided by the Relief Fund.	
Position Title:	Hours Worked per Week:
Position Title:	Hours Worked per Week:
Position Title:	Hours Worked per Week:
Position Title:	Hours Worked per Week:
Position Title:	Hours Worked per Week:
<i>Please indicate any additional jobs retained on a separate sheet</i>	

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36. FOR WHICH PURPOSE ARE YOU APPLYING FOR SBG FUNDS?

- PAYMENT OF UP TO SIX MONTHS OF RENT/LEASE/MORTGAGE
- PAYMENT OF UP TO SIX MONTHS OF UTILITY COSTS
- PAYMENT OF UP TO SIX MONTHS OF BUSINESS LIABILITY INSURANCE
- PAYMENT OF UP TO SIX MONTHS OF DELIVERY FEES COSTS (REIMBURSABLE BASIS ONLY)

PROPOSED USES OF FUNDS	
AMOUNT OF REQUEST	USE OF FUNDS
\$	Rent / Lease / Mortgage
\$	Utilities
\$	Liability Insurance
\$	Delivery Fees
Total SBG grant funds request may not exceed \$5,000 for micro enterprises or \$15,000 for other small businesses.	

37. IF APPLYING FOR RENT/LEASE/MORTGAGE ASSISTANCE, COMPLETE THE FOLLOWING (IF NOT, SKIP TO QUESTION 33).

ACCOUNT NUMBER:

NAME OF LANDLORD, BANK, OR ENTITY TO WHOM YOU PAY LEASE/RENT/MORTGAGE:

PHONE NUMBER FOR LANDLORD, BANK OR ENTITY TO WHOM PAYMENT IS MADE:

ADDRESS TO WHICH YOU SEND RENT/LEASE/MORTGAGE PAYMENT:

You will need to attach copy of mortgage & most recent mortgage statement or lease/rental agreement & statement.

38. ARE YOU IN ARREARS /BEHIND IN PAYING YOUR BUSINESS RENT/LEASE/MORTGAGE?

YES NO

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If Yes, for which months are you in arrears?

Amount by which you are in arrears.

39. WHEN DOES YOUR BUSINESS LEASE OR RENT AGREEMENT EXPIRE?

MONTH/DAY /YEAR

40. **SKIP THIS QUESTION UNLESS YOU ARE APPLYING FOR ASSISTANCE WITH UTILITY PAYMENTS.** IF APPLYING FOR UTILITY BILL ASSISTANCE, FOR WHICH TYPE OF UTILITY ARE YOU SEEKING ASSISTANCE? CHECK ALL THAT APPLY BUT THIS DOES MEAN YOU WILL RECEIVE ASSISTANCE FOR MORE THAN ONE. FUNDING AVAILABILITY AND OTHER FACTORS APPLY.

GAS

ELECTRIC

WATER AND SEWER

41. **IF APPLYING FOR UTILITY ASSISTANCE, COMPLETE THE FOLLOWING**
ACCOUNT NUMBER:

NAME OF UTILITY TO WHOM YOU MAKE PAYMENTS:

PHONE NUMBER FOR UTILITY TO WHOM PAYMENT IS MADE:

ADDRESS TO WHICH YOU SEND UTILITY PAYMENT:

You will need to attach your most recent utility statement/bill.

42. ANSWER THIS ONLY IF YOU ARE APPLYING FOR ASSISTANCE WITH UTILITY PAYMENTS. ARE YOU BEHIND IN PAYMENTS FOR YOUR UTILITY(IES)?

YES NO

43. SKIP THIS QUESTION UNLESS YOU ARE APPLYING FOR ASSISTANCE WITH BUSINESS LIABILITY INSURANCE PAYMENTS. IF APPLYING FOR BUSINESS LIABILITY INSURANCE ASSISTANCE, COMPLETE THE FOLLOWING.

ACCOUNT NUMBER:

NAME OF INSURANCE COMPANY OR ENTITY TO WHOM YOU PAY LIABILITY INSURANCE:

PHONE NUMBER FOR INSURANCE COMPANY OR ENTITY TO WHOM PAYMENT IS MADE:

ADDRESS TO WHICH YOU SEND BUSINESS LIABILITY INSURANCE PAYMENT:

You will need to attach a copy of your most recent liability insurance statement.

44. SKIP THIS QUESTION UNLESS YOU ARE APPLYING FOR ASSISTANCE WITH DELIVERY SERVICE FEES. IF APPLYING FOR DELIVERY SERVICE FEE ASSISTANCE, FOR WHICH DELIVERY SERVICE ARE YOU SEEKING ASSISTANCE? PLEASE NOTE: DELIVERY FEES WILL ONLY BE PAID ON A REIMBURSEABLE BASIS ONLY.

DOORDASH GRUBHUB OTHER

In order to receive the delivery service grant payments, you will be required to submit your paid monthly delivery service fee invoices in the City’s form submittal section on the City webpage. These payments are only on a reimbursable basis

-END OF QUESTIONS-

ALL APPLICANTS MUST PROVIDE THE FOLLOWING WITH THIS COMPLETED APPLICATION AND SIGN THE CERTIFICATION AT THE END OF THIS APPLICATION.

YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU DO NOT COMPLETE THIS ENTIRE APPLICATION AND SUBMIT ALL OF THE REQUIRED SUBMITTAL DOCUMENTS LISTED BELOW.

- A. Business Certificate of Occupancy
- B. Filed 2019 Business U.S. 1120-S Income Tax Return for an S Corporation.
- C. Completed 2020 Business U.S. 1120-S Income Tax Return for an S Corporation.
- D. Three consecutive months of your 2020 Bank Statements.
- E. Six consecutive months of your most recent Bank Statements.
- F. Proof of most recent 2021 employer's quarterly tax payments.
- G. Three consecutive months of 2020 payroll statements for each employee and each pay period.
- H. Three consecutive months of most recent payroll statements for each employee and each pay period.
- I. Copy of lease / rental agreement, or mortgage, for your commercial premises in Dearborn if you are seeking SBG assistance for lease/rent/mortgage.
- J. Copy of lease, rent, or mortgage statement/invoice if applying for related assistance.
- K. Copy of utility bills for utilities for which you seek SBG assistance.
- L. Copy of business liability insurance for which you seek SBG assistance.
- M. Copy of delivery service fee invoice statement for which you seek SBG assistance.
- N. **ONLY IF YOU ARE A LOW/MOD INCOME OWNER OF A MICRO ENTERPRISE:**
provide most recent personal tax return.

This is due 120 days after a business receives a grant award. Three consecutive months of most recent payroll statements documenting the number of full-time equivalent jobs retained and/or created.

Assisted businesses may be required to submit a W-9 form from the vendor to be paid (e.g., landlord, mortgage company, bank, utility company, or delivery service company).

Any misrepresentation of information within the application is subject to disqualification. Applications that are incomplete or missing financials, proof of location, or complete W-9 forms will not be considered.

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CERTIFICATIONS

I certify that the information provided in this application as well as information contained within any and all documents required to be submitted as part of this application are true and accurate under penalty of perjury.

Copies of required documents are included with this application.

Printed Name _____

Date _____

By checking this box you certify you are the business owner/applicant submitting this application (required)