

Pure Michigan Small Business Relief Initiative – Small Business Application

In collaboration with the Michigan Economic Development Corporation (MEDC), the Michigan Municipal League Foundation will serve as the Grant Administrator for the Initiative. Final application approval and funding disbursement will be by and through the Grant Administrator.

[Application Instructions for the Pure Michigan Small Business Relief Initiative \(PMSBRI\)](#)

Before you begin your application please be aware that you will not be able to save your application and return to it later.

PHYSICAL COPIES OF THIS APPLICATION WILL NOT BE ACCEPTED.

If you have any questions, please contact the MEDC Service Center at (888) 522-0103 (select menu option 1). Hours are 8am-5pm Mon. – Fri. and closed for lunch 12-1pm. During lunch hours, callers may leave voicemail. You can also send an email to medceconomic@michigan.org.

The application contains seven sections:

- Business Information
- Business Contact Information
- Business Operations
- Use of Funds
- Eligibility Requirements
- National Objective Qualification
- Application Certification & Submission

The questions that will be on the application are listed below. The application will open at 9:00 am EST on Tuesday, December 15, 2020. The application will be available at: web link

Grants will be awarded up to \$15,000 and the business will identify their total grant request within the application. Grants may only be used for the following eligible expenses: payroll expenses, rent/mortgage payments, and utility expenses. Grant funds may be used by the business for eligible expenses expended between November 18, 2020 and April 30, 2021. Grant funds may not be used for any eligible expenses that were previously funded or will be funded by another state or federal grant program, including but not limited to, the Michigan Small Business Relief Program or the Michigan Small Business Restart Program.

The Grant Administrator will prioritize applications on a “first-in” basis. Applications will be sorted by timestamp for each Prosperity Region. A business that meets all eligibility requirements may be eligible to receive funding, to the extent of available funding.

The applicant must meet all Initiative Eligibility Requirements AND meet the National Objective required by the Department of Housing and Urban Development (HUD).

[Initiative Eligibility Requirements](#)

The business must:

- Be within one of the following industries:
 - Restaurant, bars and other food and beverage service providers
 - Travel and tourism destinations including lodging providers
 - Live event venues

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- Movie theatres
- Ice skating rinks
- Indoor water parks
- Bowling centers
- Gyms and fitness center
- Be in compliance with all State and local orders related to COVID-19, including but not limited to, the Michigan Department of Health & Human Services
- Be a for-profit entity
- Have a physical establishment in the Michigan county of application and is NOT a home-based business
- Provide goods or services to multiple clients or customers
- Be current (or in an approved payment plan) on all local, state, and federal taxes due through 1/1/20
- Have all active and valid state license(s)/registration(s), if applicable
- Is not an adverse party to litigation involving the State or municipality
- Business or business owner has not filed for bankruptcy in the last 10 years
- Has identified a need for payroll, rent or mortgage payments, and/or utility expenses necessary to continue / restart business operations relative to the total grant amount requested
- Had annual gross revenues between January 1 to December 31, 2019 greater than \$25,000
- Has at least two employees, including the owner(s)
- Has fewer than 50 employees (including full time, part time, and owners on a worldwide basis)
- Does not identify as any of the following ineligible business types: **non-profits**, franchises, real estate rentals/sales businesses, home-based businesses with no employees; businesses owned by persons under the age of 18, liquor stores, weapons/firearms dealers, lobbyist, persons operating as independent consultants/contractors and providing services to a single entity, home based businesses that are restricted to patrons below the age of 18, marijuana related businesses.

National Objective Qualification

In order to meet the National Objective required by HUD, job loss, job retention, and employee income information is relevant. There are two steps in the National Objective Qualification process.

The first step is in the application. In the PMSBRI application, the business must certify that at least one full time job or full time equivalent job will be lost without the assistance provided through this grant, and that the grant assistance must result in the retention of at least one full time (FT) or full time equivalent (FTE) job.

On the PMSBRI application, the business will need to be able to answer “yes” to the following two statements

- *Will the business lose at least one full time (FT) or full time equivalent job (FTE) job without the assistance of the grant?*

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- *Will the business retain at least one full time (FT) or full time equivalent job (FTE) as a result of the grant assistance?*

Note the following definitions:

A full-time job (FT) is defined as a position normally paid for 35 or more hours per week.

A full-time equivalent job (FTE) is defined as a combination of positions that work less than 40 hours per week but together total 40 hours or more per week. In order to convert part time employees to full time equivalents (FTEs), combine the hours of work of each part time employee per week and divide by 40. The total will indicate the number of FTEs the business has.

To complete the second step in the National Objective Qualification process, applicants will be contacted by the Grant Administrator to submit additional Low to Moderate income information and employment verification required by HUD, if their PMSBRI application meets all of the initial screening criteria.

Once the application is submitted, the applicant will receive a confirmation email stating the application has been received.

[Application Questions](#)

Business Information	
Business Legal Name	Fill In
Does the business have a DBA or Trade name?	Fill In
Business' Mailing Address	Fill In
Business' Mailing City	Fill In
Business' Mailing State	Fill In
Business' Mailing Zip	Fill In
Address of primary physical business location	Fill In
City or Township of primary physical business location	Fill In
State of primary physical business location	Fill In
Zip Code of primary physical business location	Fill In
Michigan County where business resides	Drop Down
Does the business have an Employer Identification Number (EIN) or Tax Identification Number (TIN)?	Yes / No
If yes, please provide.	Fill In
Is the business a franchise?	Yes / No
Business Contact Information	
Primary Contact Name	Fill In
Primary Contact's Mailing Address	Fill In
Primary Contact's City	Fill In
Primary Contact's State	Fill In

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Primary Contact's Zip Code	Fill In
Primary Contact's Email Address	Fill In
Primary Contact's Direct Phone Number	Fill In
Business Operations	
Has the COVID-19 crisis negatively impacted your business?	Yes / No
Use of Funds	
What is the amount of the grant are you requesting (maximum amount is \$15,000)?	Fill in the blank
Which of the following activities will you use the grant funds for? <ul style="list-style-type: none"> • Payroll • Rent / Mortgage • Utility Expenses 	Multiple selection
Does the business acknowledge it has not and will not pay for any of the identified expenses with any other state or federal grant program?	Yes / No
Are these expenses necessary to continue or restart business operations?	Yes / No
Will the grant be expended between the period of November 18, 2020 – April 30, 2021?	Yes / No
Eligibility Questions	
Is the business in one of the following industries? <ul style="list-style-type: none"> • Restaurant, bars and other food and beverage service providers • Travel and tourism destinations including lodging providers • Live event venues • Movie theatres • Ice skating rinks • Indoor water parks • Bowling centers • Gyms and fitness center • None of the above 	Multiple Choice
Is the business in compliance with all State and local orders related to COVID-19, including but not limited to the Michigan Department of Health of Human Services?	Yes / No
Is the business a for-profit entity?	Yes / No
Is the business a: <ul style="list-style-type: none"> • Sole Proprietorship • Partnership 	Multiple Choice

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<ul style="list-style-type: none"> • Corporation • LLC • Other (Blank _____) 	Fill in
Does the business have a physical establishment in the Michigan County of application and is NOT home-based business?	Yes / No
Does the business provide goods or services to multiple clients or customers?	Yes / No
Is the business current (or in an approved payment plan) on all local, state, and federal taxes due through 1/1/2020?	Yes / No
Does the business have all active and valid state license(s)/registration(s), if applicable?	Yes / No / Not Applicable
Is the business an adverse party to litigation involving the State or municipality?	Yes / No
Has the Business or Business owner(s) filed for bankruptcy in the last 10 years?	Yes / No
Did the business have annual gross revenues between January 1 to December 31, 2019 greater than \$25,000?	Yes / No
Does the business have at least two employees, including the owner(s), at the date of application?	Yes / No
Does the business have fewer than 50 employees (including full-time, part-time, and owner(s) on a world-wide basis) at the date of application?	Yes / No
Does the business identify as any of the ineligible business types listed above in the application instruction section?	Yes / No
National Objective Qualification	
Will the business lose at least one full time (FT) or full time equivalent job (FTE) job without the assistance of the grant?	Yes / No
Will the business retain at least one full time (FT) or full time equivalent job (FTE) as a result of the grant assistance?	Yes / No
Signature / Certifications	
Does the business acknowledge that if approved for a grant under this Initiative, the business will be required to sign a final written grant agreement. The grant agreement will include all the required terms and conditions for the grant. Yes / No	
Does the person signing below represent that he or she has authority to sign and submit this application on behalf of the business, and that all the information submitted by the business in this application is true and correct. Yes / No	

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Does the business understand that to complete the second step in the HUD Qualification process, applicants will be contacted by the Grant Administrator to submit additional information, if their application meets all of the initial screening criteria. Yes / No

Who is the person submitting this application on behalf of the business? Fill In