



City of Bay City ARPA COVID-19 2022 Small Business Relief Grant Application Form

Funded by the American Rescue Plan Act (ARPA) of 2021 Public Law 117-2

*Required Information

Business DBA Name*

Please provide the business DBA name you are requesting grant assistance for.

Grant Guidelines*

Please indicate if you have read the ARPA COVID-19 2022 Small Business Relief Grant Guidelines. The guidelines can be found at: www.baycitymi.com.

YES

NO

Location Eligibility*

Is your business located in the city limits of the City of Bay City, Michigan? If no, you are not eligible for this grant.

YES

NO

Address Location* Please provide the address of where your business operates. Only businesses located within the Bay City city limits are eligible to apply for these grant funds.

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Business Phone Number* Please provide the phone number for your business.

Please enter a valid phone number.

Business Email* Please provide the email for your business.

Business Website* Please provide the link to your business website.

Business Type* Please indicate your business type-for example, sole proprietorship, partnership, LLC, corporation.

Owner Name* Please provide the contact name for the owner of the business requesting assistance. The contact (owner) name provided must own at least 51% of the business.

First Name

Last Name

Owner Phone* Please provide the phone number for the owner name provided. This is typically not the same as the business phone number.

Please enter a valid phone number.

Type of Business* Please provide the main industry your business participates in. Examples may be: restaurant, retail sales, entertainment, etc.

Business Description* Please describe your business operations and the clientele it serves.

Business Insurance* Does your business currently have active business insurance?

YES

NO

Operating* Please indicate if your business is currently operating.

YES

NO

Operating Hours* Please indicate the days and times your business is open.

Franchise* Is your business a franchise?

YES

NO

Multiple Locations* Does your business have multiple locations? This may include a location outside the City of Bay City or a second location within the City of Bay City.

YES

NO

Bankruptcy* Is your business currently in a bankruptcy process, or has it filed bankruptcy within the last 5 years?

YES

NO

Employee Count* How many employees do you currently have on payroll? Please include the owner.

Amount Requested (\$)* Grants are limited based on employee count. A maximum award of \$5,000 is available for businesses with up to 10 employees (including owner) and a maximum award of \$10,000 is available for businesses with 11 to 20 employees. Do not request more than \$5,000 if you have 10 or less employees or more than \$10,000 if you have 11 to 20 employees.

What will you use the funds for (if granted)* Please describe in detail how the requested funds would be used. The more detail you provide will increase the ability of your request to be justly reviewed.

Total anticipated 1st quarter expenses (\$) for 2022* Please indicate your anticipated expenses for the 1st quarter of 2022 (January 1, 2022 to March 31, 2022).

Total anticipated 1st quarter income from all sources (\$) for 2022* Please indicated your anticipated income for the 1st quarter of 2022 (January 1, 2022 to March 31, 2022).

Does your business qualify as any of the following? * Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Veteran Owned | <input type="checkbox"/> Minority Owned |
| <input type="checkbox"/> Woman Owned | <input type="checkbox"/> Travel Industry |
| <input type="checkbox"/> Tourism Industry | <input type="checkbox"/> Hospitality Industry |

What other financial relief organizations have you been granted funds from? *

Please indicate any other Federal, State, or local funds you have received for COVID-19 related relief since March 1, 2020. Please include grants and loans, and indicate whether those funds are now exhausted.

SBDC* Please indicate if you have received any services or assistance from the Small Business Development Center (SBDC) in the last 24 months.

- YES
- NO

SBDC Willingness* Please indicate if you are willing to engage with the Small Business Development Center (SBDC) to receive no-cost consulting, training, market research, and technology commercialization services to assist your business to launch, grow, transition and innovate. Assistance includes business plans, marketing plans, applying for financing, budgeting, hiring, business forms, feasibility, and strategic planning.

YES

NO

Labor* Please describe any current and anticipated 1st quarter 2022 issues you have with your labor force.

Supply Chain* Please describe any current and anticipated 1st quarter 2022 issues you have with your supply chain.

COVID-19 Mitigation* Please describe any current and anticipated 1st quarter 2022 issues you have with COVID-19 mitigation activities. For example, access to gloves, masks, test kits, assistance with COVID-19 business documents, etc.

Other Details* Please describe any other details you feel would be valuable for the review team.

Terms and Conditions*

I confirm that all information entered in the form is accurate and true with the best of my knowledge. *

Owner Signature* The Owner must be the signatory below.

Printed Name

Date Signed*

REQUIRED ATTACHMENTS*

Copy of W-9 form

Copy of 2018, 2019, and 2020 Federal Income Taxes