

Today's Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

## City of Niles Small Business Grants Program Application

1. Business name: \_\_\_\_\_
2. Owner's name: \_\_\_\_\_
3. Owner's home address: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Business address: \_\_\_\_\_
6. Business phone: \_\_\_\_\_
7. Tax Identification Number \_\_\_\_\_
8. Owner's social security number: \_\_\_\_\_
9. Amount requested: \$ \_\_\_\_\_ Annual Revenue: \$ \_\_\_\_\_
10. Full Time Employees: \_\_\_\_\_ Part Time Employees: \_\_\_\_\_ Contract Employees\*: \_\_\_\_\_
11. Business Tax ID: \_\_\_\_\_ Business DUNS Number: \_\_\_\_\_

\* Contract employees do not count toward your requirement to maintain hire/maintain low/moderate income employees.

### **Section 1: Eligibility Criteria**

Answers to the following questions are required in order to determine grant eligibility. Provide documentation for the response to each answer.

1. Has your business experienced an income loss as a result of Covid-19?

2. Does your business have a need for working capital to support its payroll expenses, rent, mortgage payments, utility expenses, or other similar expenses that occur in your ordinary course of business?

3. Did your business have a combined 25 full-time and full-time-equivalent employees or less as of March 1, 2020?

4. Do at least 90% of employees (full-time and part-time) at your business receive a pay rate of less than or equal to \$44,000 annually?

**Section 2: Business Information**

1. Describe the industry type that best describes your business:

2. What year was your business established in the City of Niles?

3. Describe capital improvements made in the past 2 years:

4. Are property taxes and City of Niles Utility bills current?

5. Does the business have outstanding code enforcement violations?

*Please call 269-683-2374 to verify-*

6. Have applied for and/or received any other business aid support through any other local, state and/or federal government, foundation or any other business aid program since March 16, 2020?

Provide details of the other application(s) and the status of any such request.

7. Explain how your business is currently operating.

**Section 3: Employment Information**

Information entered in this section should represent the circumstances of the business for which you intend to use any grant funds. When calculating total employees, include yourself and all full-time and part-time employees.

1. How many total full-time and part-time workers did you employ in 2019?

2. How many full-time and part-time workers does your business employ today?

3. How many total full time and part time workers do you plan to employ upon business operating restrictions being lifted?

4. Please explain any changes you have made to your workforce as a result of the COVID-19 crisis.

**Section 4: Financial Information:** Answer the following questions to the best of your ability. Applications will be evaluated based on the information provided.

1. What was your annual (gross) revenue in:
  - a. 2017 \_\_\_\_\_
  - b. 2018 \_\_\_\_\_
  - c. 2019 \_\_\_\_\_
  
2. What was your estimated capital investment in your business over the last 3 years? \_\_\_\_\_
  
3. What was your revenue for the month of February 2020? \_\_\_\_\_
  
4. What was your revenue for
 

a. _____ March 2020	e. _____ July 2020
b. _____ April 2020	f. _____ August 2020
c. _____ May 2020	g. _____ September 2020
d. _____ June 2020	h. _____ October 2020

5. What is your estimated revenue loss since March 1, 2020? \_\_\_\_\_  
 How much revenue has the COVID 19 crisis cost you?

6. How much revenue do you anticipate you will lose over each of the next 6 months? \$ \_\_\_\_\_
  
7. Anticipated revenue loss for:
 

a. _____ April 2020	e. _____ August 2020
b. _____ May 2020	f. _____ September 2020
c. _____ June 2020	g. _____ October 2020
d. _____ July 2020	

8. Monthly Working Capital Costs (amount expended during a typical month for the following expenses)

Cost of goods sold	
Rent/mortgage	
Gas and electric	
Water and drainage	
Insurance - general liability, property, workers comp, & others - total	
Taxes - income, sales, payroll, property & any other outstanding tax liability	
Subscription services - internet, POS, & other	
Payroll	
Debt service	

Additional monthly expenses (include explanation and dollar amounts)

**Section 5: Other Information – Your Business Story**

Explain what your business is experiencing during the coronavirus crisis.

Explain how the City of Niles can best serve you in the immediate future and moving forward.

**Section 6: Additional Required Documentation**

- Completed W9 form
- Business bank statements (last 2 months)
- Business incorporation documents
- Proof of occupancy- deed or lease

- *I/we certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief, and further certify that I/we have disclosed in this application the total income for the business for which we are applying to receive federal assistance through the City of Niles Community Development Block Grant; CARES Act.*
- *This application shall remain the property of the City of Niles to which it is submitted and/or HUD. Verification of the information provided above may be obtained from any source and give the City of Niles, Community Development Department staff permission to verify the information I have provided.*
- *I/We understand, if I/we provide false information or fail to disclose full information as to any material fact/s, that this application may be rejected, may be terminated, and that I/we may be liable in a civil action or other legal remedy at the option of the City of Niles.*
- *I/We fully understand that it is a federal crime if I/we knowingly make any false statements for the purpose of obtaining this financial assistance, and that it is punishable by fine or imprisonment, or both.*
- *I/We further certify that all information in this application is true and complete to the best of my/our knowledge and belief.*

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Applicant Signature Date

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Co-Applicant Signature Date

RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO:  
CITY OF NILES, ATT: COMMNUITY DEVELOPMENT  
333 N. 2<sup>ND</sup> STREET -NILES, MI 49120