

## CITY OF MADERA/MCEDC Small Business COVID-19 Microenterprise Business Grant Program

<p><u>Grant Amount</u> \$5,000</p> <p><u>Eligibility:</u> Owners/Operators of Microenterprise with in the City of Madera</p>	<p><u>Microenterprise:</u> Business with 5 or less employees including the owner that are in low to moderate income. (Self-certification form required)</p>	<p><u>Eligible Uses:</u> Payroll and other business operating expenses</p>	<p><u>Credit Report:</u> Required to verify business owner has not filed for bankruptcy in the last 3 years or has outstanding tax liens. No minimum credit score required.</p>
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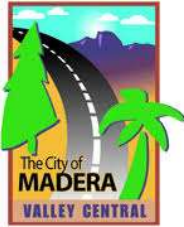
### Grant Program Guidelines:

1. Applicants shall be a for-profit business physically located and operating within the City of Madera with a demonstrated economic need and have been negatively impacted by COVID-19. Home based businesses are NOT eligible.
2. Business must have been in operation since January 2019.
3. Grants funds will be limited to (1) grant per business entity.
4. Business must have no more than 5 full time equivalent employees (FTE) including the owners. Self-employed business owners are eligible.  
*(40 hours per week equals 1.0 FTEs; a part-time employee working 20 hours per week equals 0.5 FTE)*
5. Business applicants having received disaster relief funding such as Paycheck Protection Program, SBA Economic Injury Disaster Relief Loan or other CARES Act funded business assistance program will be considered. Preference will be given to those who have NOT received any disaster relief funding.
6. Business applicant must have no outstanding local, state, federal tax liens or judgments. If this is applicable, business must upload documentation of their current payment plan.
7. Applicants must have no bankruptcies within the last three years; bankruptcies of record must have a discharge date dating back at least three (3) years at time of grant application.
8. A business must demonstrate the economic impact COVID-19 has had on the business operations. Business must submit copies of their 2019 tax return and 2020 Profit & Loss by Quarter.
9. Selected businesses will be required to complete a W9 and agree to provide documentation verifying use of funds.

The following businesses or organizations are not eligible for this grant opportunity

Religious organizations or religiously affiliated groups, businesses where city staff and council members or their spouses, domestic partners or dependents hold a financial stake, newspaper, television, radio and other media services, gambling establishments, local outlets of national chains unless privately and locally owned and operated, businesses that are not in compliance or plan to not be in compliance with existing and future gubernatorial executive orders and state and local health officer orders.

*Applications will not be processed without all required documentation and signatures.*



**CITY OF MADERA/MCEDC COVID-19  
Microenterprise Business Grant Program  
APPLICATION**

All applications must be emailed to [info@maderacountyedc.com](mailto:info@maderacountyedc.com)

**1. APPLICANT INFORMATION**

<b>Business Legal Name:</b>		Employer/Tax ID #:	
Business Structure: Sole Proprietor          Corporation          Partnership          LLC		DUNS#	
Business Address:		City:	Zip:
Mailing Address (if different):		City:	Zip:
Phone/Cell:		Business Email:	
<b>Referral Source:</b>			
Social Media		Word of Mouth	
Website		Other	
Business Tax Certificate Number:		Expiration Date:	
2019 Annual Gross Sales:		# of Employees (as of March 15, 2020): FT          PT	
Year Business Established in City of Madera:		Industry Type:	
		For Profit Business:    YES          NO	
<b><i>All owners with &gt;20% ownership must apply. Individual credit report will be checked.</i></b>			
<b>Owner Name:</b>		SSN/ITIN:	
DOB:			
Title:		% Ownership	Email:
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
<b>Owner Name:</b>		SSN/ITIN:	
DOB:			
Title:		% Ownership	Email:
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
<b>Owner Name:</b>		SSN/ITIN:	
DOB:			
Title:		% Ownership	Email:
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	
<b>Owner Name:</b>		SSN/ITIN:	
DOB:			
Title:		% Ownership	Email:
Home Address:		City:	Zip:
Owner's Gender:		Owner's Ethnicity:	

## 2. BUSINESS INFORMATION

- A. Have you been approved for or received an SBA Economic Injury Disaster Loan (EIDL)?  
 Yes- If yes, provide documentation  
 No
- B. Have you been approved for or received a Paycheck Protection Program Loan?  
 Yes- If yes, provide documentation  
 No
- C. Have you been approved for or received a County of Madera Small Business Pandemic Grant?  
 Yes  
 No
- D. Does the business have any unpaid local, state, federal tax liens or judgements?  
 Yes – If Yes, provide current payment plan documentation  
 No
- E. Has business owner(s) filed for bankruptcy in the last 3 years?  
 Yes  
 No

## 3. Use of Funds:

What will the funds be used for:	Grant Amount: \$5,000
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## 4. ADDITIONAL QUESTIONS

- F. Has your business been negatively impacted (closed completely) as a result of the COVID-19 public health emergency?  
 Yes  
 No
- G. Has your business been partially closed as a result of the COVID-19 public health emergency?  
 Yes  
 No
- H. Has your business closed voluntarily to promote social distancing measures as a result of the COVID-19 public health emergency?  
 Yes  
 No
- I. Have you been operating for more than two years prior to March 15, 2020?  
 Yes  
 No

## 5. REQUIRED DOCUMENTS

Business Verification Documents:

- Copy of Current Business License
- 2019 Personal/Business Federal Tax Returns
- 2020 Profit and Loss by Quarter
- Documentation of other COVID-19 relief funding
- Completed W9
- A written and signed statement describing in detail how COVID has impacted the business.
- Completed Micro Enterprise Self-Certification form for business owner.

Additional Documents:

Business will provide a DUNS # for reporting purposes.

## 6. CERTIFICATION

To the best of my knowledge and belief, I certify: The information in this application is correct and complete.

I authorize Madera County Economic Development Commission (MCEDC) to make inquiries as necessary to verify the accuracy of the statements made running a credit report.

I authorize Madera County Economic Development Commission (MCEDC) to request and obtain additional information pertaining to how the Grant funds were used to benefit the business six (6) months from the date of receipt.

I hereby grant permission to MCEDC its programs, and partners the right to use my name, business name, location, photograph, video, audio, and/or written testimonials.

I understand that the media will be utilized in MCEDC marketing and promotional items, included but not limited to its website, newsletter, press releases, social media, and other mediums of communication.

I declare under penalty of perjury, that the foregoing is true and correct.

Applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date:
Co-applicant's Name:	Title:
Signature:	Date: