



City of Taylor – Small Business Relaunch Program

Section 1: Eligibility Requirements

Please answer the questions below to determine if your business is eligible for consideration for the Small Business Relaunch Grant Program.

1. Was your business licensed in Taylor as of February 29, 2020?
2. Did you employ 25 or fewer full-time employees as of February 29, 2020?
3. Do 90% of your full-time and/or part-time employees earn a salary of \$44,000 or less annually?
4. Has your business experienced income loss as a result of COVID-19 related shutdowns?
5. Are your Personal Property and Property taxes current through 2019?
6. Can you verify that your business has received less than \$7,500 in COVID-19-related grants from other sources?

Section 2: Business Information

Please provide the Business information requested below. Incomplete applications will not receive consideration.

Business Name: _____

Business Address: _____

Business Tax Identification: _____

Business DUNS number: _____

Business Owner Name: _____

Business Owner Address: _____

Business Owner City: _____

Business Owner ZIP Code: _____

Business Owner Phone Number: _____

Business Owner E-mail Address: _____

Business Type (Circle One):

Sole Proprietorship

General partnership

Corporation

S Corporation

Limited Liability Company

Limited Partnership

Limited Liability Partnership

Section 3: Financial Information

Please provide the Financial information requested below. **Incomplete applications will not receive consideration.**

Please provide tax returns for the tax years 2018 and 2019. If an extension request was filed and granted by the Internal Revenue Service, please provide proof of extension. Based on business type, see below for the appropriate forms that are necessary for consideration.

Sole Proprietor - Form 1040

C Corporation - Form 1120

Subchapter S - Form 1120S

LLC - Form 1120 S or Form 1065

LLP - Form 1065

What was your revenue for the month of January 2020? \$ _____

What was your revenue for the month of February 2020? \$ _____

What was your revenue for the month of March 2020? \$ _____

What was your revenue for the month of April 2020? \$ _____

What was your revenue for the month of May 2020? \$ _____

What is your 2020 CY revenue loss estimate through May 31st, 2020? \$ _____

Do you own or lease the building where your business resides? _____

Section 4: Employment Information

Please provide the Employment information requested below. Incomplete applications will not receive consideration.

How many employees did your business employ as of **December 31, 2019**?

Full-time _____

Part-time _____

Owner(s) _____

Total Number of Employees: _____

How many employees does your business employ as of **June 30, 2020**?

Full-time _____

Part-time _____

Owner(s) _____

Total Number of Employees: _____

Please provide explanation for any workforce Changes (plus or minus) as a result of the COVID-19 pandemic.

Section 5: Summary of COVID-19 Impact

Please provide a written summary of how your business was negatively impacted by the COVID-19 Executive Order 2020-20. What is your greatest need in order to relaunch your small business?

Section 6: Conflict of Interest

Acknowledgement of Conflict of Interest Provision and Disclosure of No Conflict

I, _____ applicant/recipient of certain Community Development Block Grant (CDBG) funds through the City of Taylor Small Business Relaunch Grant do attest and certify that I have read and understand the following CONFLICT OF INTEREST PROVISION:

(A) Conflicts prohibited. Except for the use of CDBG funds to pay salaries that no person described in paragraph (B) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part or who are in a position to participate in a decision making processor gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from a CDBG assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the process thereunder, either for themselves or those with whom they have family or business time, during their tenure or for one year thereafter.

(B) Persons Covered. The conflict of interest provisions of Paragraph (A) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of the designated public agencies, or subrecipients which are receiving funds under this part.

(C) I further attest under the penalty of perjury that I am not an employee, agent, consultant, officer or elected official or appointed official nor am I the spouse, child, parent, brother or sister or in-law of the first degree of consanguinity with any of the individuals outlined in Paragraph (C) above pursuant to 24 CFR 570.610, et. Seq.

SIGN _____ DATE _____

SIGN _____ DATE _____

Section 7: 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.

I have submitted copies of all required documents as part of this application submission.

PRINTED BUSINESS OWNER NAME: _____

BUSINESS OWNER SIGNATURE: _____

DATE: _____

Please return the completed application and documents to:

Jeff Baum, Manager
Community Development Department
23555 Goddard Rd.
Taylor, MI 48180
Email: jbaum@ci.taylor.mi.us
Phone: (734) 258-4180

Section 8: Required Documentation Checklist

- a) Completed Application (Section 1 – 5)
- b) Completed W9 Form
- c) Business Registration Certificate from the City of Taylor
- d) 2018 and 2019 Business Tax Returns
- e) Copy of Lease, Rent or Mortgage Statement where business resides.
- f) Business Banking Account Statement (dated within last 60 days-all pages)
- g) Signed Acknowledgement of Conflict of Interest Statement
- h) Signed Certification Statement