



MICROENTERPRISE GRANT - EXPRESSION OF INTEREST

THE UNDERSIGNED HEREBY IS EXPRESSING INTEREST IN A CITY OF WARREN COMMUNITY DEVELOPMENT MICROENTERPRISE ASSISTANCE GRANT:

1. Name of Business: _____
2. Business DBA: _____
3. Business Address: _____
4. Owner's Name: _____
5. Owner's Phone Number: _____
6. Owner's Email Address: _____
7. Number of Employees including the Owner: _____
8. What would you like reimbursement for using these grant funds? _____

9. Is the Owner's total household income below the limits on Appendix A?
 - a. Yes
 - b. No
10. Funds allocated through this grant must not result in a duplication of benefits. Please indicate all sources of financial assistance received as of October 1, 2020. _____

11. At what capacity has your business been operating since October 1, 2020?
 - a. Completely Shut down and still closed
 - b. Shut down (reopened at limited capacity)
 - c. Shut down (reopened to normal capacity)
 - d. Remained open (limited capacity)
 - e. Remained open (normal capacity)

12. Ownership: Which of the following ownerships scenarios apply to your business? (check all that apply)

- a. At least 51% owned and operated by one or more women
- b. At least 51% owned and operated by one or more veterans or service-disabled veterans
- c. At least 51% owned by a minority
- d. Section 3 registered business
- e. None of these scenarios apply to my business

13. Revenue lost: Roughly what percentage of revenue has your business lost over the last six months compared to the same time in 2019 and early 2020?

- a. Less than 25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

14. How many years has your business been in operation?

- a. 1-2 years
- b. 3-5 years
- c. 6-10 years
- d. 11-20 years
- e. 20+ years

15. Does your business provide medical, food delivery, cleaning or other services that support home health and quarantine?

- a. Yes
- b. No

16. Is your businesses located between Eight Mile and Nine Mile Roads?

- a. Yes
- b. No

17. Do you agree to provide the following information upon request: YES or NO

- DUNS number
- Proof that business is registered with (active status) on SAM with no exclusions
- Addendum that includes specific details of how your business was affected by COVID-19
- Utility bill confirming business address
- Profit and Loss Statement or IRS Form 1040 Schedule C submitted

- W-9 in business name
- Last 4 weeks of payroll documents
- Certification of household income of owner

Certification and Acknowledgment

By submitting this form, I/we acknowledge that I/we have been informed that microenterprise grants will be awarded to eligible applicants in the order in which eligibility is certified until all available funds are expended. Acceptance of this expression of interest form by the City of Warren Community Development Block Grant Program does not guarantee that I/we will receive a grant if I/we are found eligible.

By submitting this form, I/we acknowledge that I/we do not employ a relative of any employee, elected official or appointee of an elected official of City of Warren; nor does any employee or elected official of City of Warren have an interest in the this microenterprise, in any of the following capacities, either compensated or non-compensated; director, officer, partner, beneficiary, trustee, member, employee or contractor.

Name of Owner: _____

Date: _____

Submit Completed Form be email (preferred) to: Microgrant@cityofwarren.org

OR

Deliver in person, in drop box at back of City Hall, or by mail to: City of Warren
Community Development
One City Square Suite 210
Warren, MI 48093