



# **Small Business Relief Grant Program**

# CITY OF EAST LANSING

## SMALL BUSINESS RELIEF GRANT PROGRAM APPLICATION

### BUSINESS INFORMATION

Applicant Business Name:

Doing Business As (DBA):

Business Address (Business Must Be Located in City Limits-Appendix A outlines City Boundaries)

Applicant Name:

Mailing Address (if different than Business Address):

Business Phone:

Applicant Phone:

Applicant Email:

DUNS No.

(<https://www.dnb.com/duns-number.html> get one here or look yours up)

Business Date of Incorporation:

Current number of employees:

Number of employees retained if business receives grant:

Is the business or business owner delinquent in any city, federal, state taxes?

Yes      No

BUSINESS TYPE:     LLC     Partnership     Sole Proprietor     Other

### REQUESTED ALLOCATION OF GRANT FUNDS-AS REIMBURSEMENT ONLY

**AMOUNT OF REQUEST**

**USE**

\$

Payroll expenses

\$

Rent/mortgage

\$

Utilities

**Total Relief Grant Funds Requested as Reimbursement (Max \$10,000)**

\$

## PROOF OF INCOME ELIGIBILITY REQUIREMENTS

Business owners will be required to report on the income limits of all employees (or themselves) that are income eligible **and** whose job(s) will be retained as a result of this grant assistance. **INCOME** is defined as the annual gross income (before deductions) of all family and non-family members 18+ years old living in the household of all individuals served by the awarded grant. A table indicating eligible income limits can be found below.

INCOME LIMITS								
Income Category	1-Per	2-Per	3-Per	4-Per	5-Per	6-Per	7-Per	8-Per
Low Moderate Income	<b>\$41,650</b>	<b>\$47,600</b>	<b>\$53,550</b>	<b>\$59,450</b>	<b>\$64,250</b>	<b>\$69,000</b>	<b>\$73,750</b>	<b>\$78,500</b>
80% of Median Income								

**APPLICANT STATEMENT:**

I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the City of East Lansing. If necessary, I will provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

In addition, I hereby declare that any person(s) employed by the City of East Lansing who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived there from, has been identified and the interest disclosed below. (An example of a direct interest would be a City of East Lansing employee, City of East Lansing Councilmember, etc. An example of indirect interest would be a City of East Lansing employee who is related to any officers, employees, principal or shareholders of your firm or to you. If in doubt as to status or interest, please disclose to the extent known). If no conflict of interest is present, please indicate N/A.

**Disclosed Conflict of Interests:**

---



---



---



---

**Business Owner Name:** \_\_\_\_\_ (printed)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Co-Owner Name (if applicable):** \_\_\_\_\_(printed)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Co-Owner Name (if applicable):** \_\_\_\_\_(printed)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: Signatures of all business owners must be obtained prior to submission of application to the City of East Lansing for review**

**Grant Application Procedures:**

- Applicant will complete the Small Business Relief Grant Application and submit all required supplemental materials to:  
[grants@cityofeastlansing.com](mailto:grants@cityofeastlansing.com)
- City of East Lansing Community Development Staff will review the grant application and provide follow-up correspondence to the applicant regarding the status of their application within 7 business days (i.e. Application Approved, Application Denied, Application Still Under Review and Additional Documentation Required)
- Approved applicants will sign and submit the Small Business Grant Agreement to [grants@cityofeastlansing.com](mailto:grants@cityofeastlansing.com) for processing
- Applicant businesses must agree to retain all employees through the terms noted within the Small Business Grant Agreement
- Funds will be disbursed by reimbursement only to the applicant for documented eligible project expenses
- Businesses can apply for and receive up to 2 installments of reimbursement payments, with the business providing proof of expenditures through the issuance of receipts, payroll records, etc.
- Reimbursements will be issued through the business' selection of one of two repayment options:
  - Option 1:** Two total grant reimbursement payment are made. No earlier than 30 days after the grant agreement is executed, business recipients can seek a grant reimbursement up to 50% of the total amount awarded with proof of expenditures and all supplemental payroll reports for the employee(s) retained. No earlier than 90 days after the grant agreement is executed, the business can seek the remainder grant balance with proof of expenditures and all supplemental payroll reports for the employee(s) being retained.
  - Option 2:** One grant reimbursement payment is made. No earlier than 90 days after the grant agreement is executed, the business can apply for the full amount of grant awarded in the Small Business Grant Agreement. Businesses must submit proof of all expenditures and supplemental payroll reports for the employee(s) being retained.
- Business Recipients of the grant will be provided one calendar year to apply for reimbursement of funds. Funds not applied for within one calendar year will be forfeit by the grant recipient.

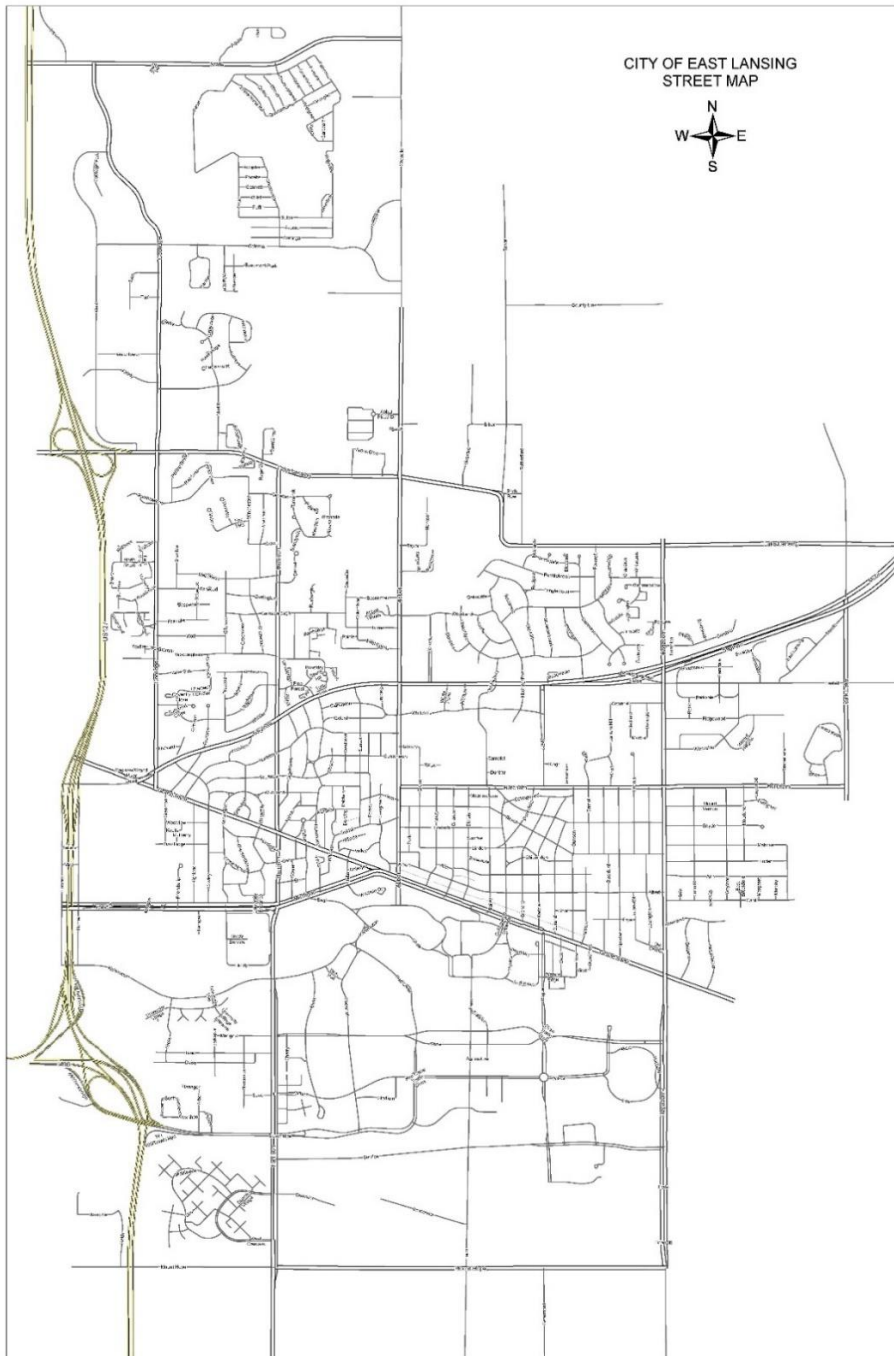
## APPLICATION REQUIREMENT CHECKLIST

**Please submit copies of all documents listed below along with application. Email applications to: [grants@cityofeastlansing.com](mailto:grants@cityofeastlansing.com)**

	Small Business Relief Grant Application (this document)
	Signed Appendix B For All Employees Whose Jobs Will Be Retained As A Result of This Grant (enclosed)
	Previous Four Weeks of payroll or other documents showing a history of employees on payroll as of the application submission date (Employees must have been employed by the business for a minimum of 30 days)

## [Appendix A: City of East Lansing Boundaries](#)

Maps indicating all City boundaries can be downloaded by clicking here:  
<https://www.cityofeastlansing.com/533/Maps>



## Appendix B: EMPLOYEE PROFILE SHEET

Our business is partnering with the City of East Lansing through a federally funded Community Development Block Grant Program. This information will be held as confidential and is based on a promise of confidentiality granted through a provision signed by the City Manager's Office. However, the potential that the City could be forced to release this information under certain circumstances does exist.

Please complete the following information as it pertains to your **household income**. Your "household" or "family" does not include individuals who live with you unless a financial dependency exists. For example, if you live alone, you are a household of 1. If you live with a roommate(s) but are not responsible for his/her bills, you are still a household of 1. If you live with a child or parent and finances are shared, you live with a family of 2.

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

1. Is your household or family female/male headed, male headed, or female headed? (Please check)

Female/Male Headed

Male Headed

Female Headed

2. Annual Gross Income \$\_\_\_\_\_

3. Please check the size of your household.

1-pers.

2-pers.

3-pers.

4-pers.

5pers.

6-pers.

7-pers.

8-pers.

4. Racial or Ethnic Group (Check the Boxes)

White

Black/African American

Asian/Pacific Islander

American Indian/Alaskan Native

Hawaiian/ Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native & White

Other Multi Racial

Check one if you identify as Hispanic

yes \_\_\_\_\_

no \_\_\_\_\_

I hereby attest that the information I have provided above is correct and subject to verification.

Name of Employee (Printed): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

