

Racine County Microenterprise Grant Application

SECTION I: BUSINESS INFORMATION

Legal Entity <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				
Legal Name			Trade Name	
Mailing Address				
City, State, Zip			County	
FEIN		NAICS Code		DUNS Number
Date Established			State of Organization	
Number of Employees (including owner(s))			Full Time	Part Time
Website				
Phone			Email	
Briefly describe the business including products/services, locations, and customers:				

SECTION II: PRIMARY CONTACT

Primary Business Owner		Title
Email		Phone number

SECTION III: BUSINESS OWNERSHIP

List all owners				
Name	Ownership %	Female?	Veteran?	Minority?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years has the business been under current ownership?				

SECTION IV: BUSINESS OWNER(S) INCOME CERTIFICATION

Each business owner listed in the business ownership section will need to complete and sign a business owner self- certification form. If Business owner doesn't qualify and 51% of employees do, then each employee will need to complete an individual self-certification form. However, there must be no turnover in staff anticipated.

Yes No

All business owner(s) identified in section III have completed and signed a business owner self-certification form

If Business owner(s) do not qualify, each employee has completed and signed an individual self-certification from

SECTION V: COVID-19 IMPACT

Describe how the Covid-19 Pandemic has Impacted your business. *Attach documentation if available*

Yes No

Business was shut down or partially shut down

Experienced a decline in revenues

Challenges with employees due to impact of COVID on families

Need to make changes to adapt to changing economic conditions

Implement safety protocols because of the pandemic

Other:

SECTION VI: GRANT REQUEST

Detail how you plan to spend the grant dollars

Operational Costs	\$
Training Needs	\$
Professional Fees	\$
New Marketing Initiatives	\$
Personal Protective Equipment	\$
Costs related to changing business model	\$
TOTAL (up to \$12,000)	\$

Describe how these dollars will support business recovery from the impact of COVID. For example, *“My business was 'shut down' during the pandemic. The loss of sales made it difficult to cover rent, utilities, and debt payments. Grant funds can fill the gap to cover the losses during that period.”*

SECTION VII: DOCUMENTATION OF OTHER ASSISTANCE PROVIDED

Please include any source of government (federal, state, or local) grant assistance and loan forgiveness received by the business during the COVID-19 pandemic. Detail the use of funds and amount received.

SOURCE	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$

SECTION VIII: BUSINESS/ OWNER STATUS

Please answer the following questions (check box that applies):	Yes	No
Is your business currently registered with the Wisconsin Department of Financial Institutions? (This is not applicable for a business operation that is a sole proprietorship)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you and your business current on past federal and state income taxes? *If no, please describe how much and the repayment plan in the section below	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you and your business current on property taxes? *If no, please describe how much and the repayment plan in the section below	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to questions 2 and 3, please explain how much you owe and your repayment plan.		

SECTION IX: ATTACHMENTS

The following attachments are provided (check box that applies):	Yes	No
Business Articles of Incorporation or Articles of Organization	<input type="checkbox"/>	<input type="checkbox"/>
For Sole Proprietors only, most recent tax returns Schedule C	<input type="checkbox"/>	<input type="checkbox"/>
If available, documentation of the COVID-19 impact on your business (i.e. financial statements, shutdown orders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of grant uses (i.e. Payroll statements, Rent/mortgage statements, professional fee invoices, past tax statements, inventory replacements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Completed and signed business owner self-certification forms for all owners of the business	<input type="checkbox"/>	<input type="checkbox"/>

SECTION X: CERTIFICATION

By signing below the applicant(s)

Certifies that to the best of its knowledge and belief, the information being submitted in this application and accompanying attachments is true and correct.

Authorizes the State or any of its duly authorized representatives herein to verify any of the statements below.

Understands the information provided prior is collected to determine if I/we are eligible to receive assistance under the Wisconsin's Community Development Block Grant – Coronavirus (CDBG-CV) Microenterprise Grant program.

Certifies the business is small (five or fewer employees including the owner(s); and, if employment numbers change, I/we will immediately notify RCEDC.

Understand that providing false statements or information is grounds for termination of Community Development Block Grant assistance and is punishable under federal law.

Authorize Racine County Economic Development Corporation to verify all information provided in this application, if applicable.

Understand that additional information may be required and may be requested.

Certifies grant use(s) identified in Section VI and as provided in the documentation requested in Section IX have not been funded with any other sources of funding and are not a duplication of benefits received in Section VII.

Understand that I/we must repay any assistance received, from any other source, for the same purpose for which the CDBG-CV funds were provided.

Understands that if any information provided is intentionally inaccurate I/we will need to pay for assistance received.

All business owners identified in section III must certify the above and sign this application form

Signature

Signature

Name

Name

Title

Title

Date

Date