# Downtown Martinez Back to Business Microgrant – Martinez, CA

## Applicant Information – All answers should be based on Pre-COVID State of Emergency

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| --- | --- | --- | --- | --- | --- |
| Business Owner Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- |
| Legal Business Name: |  |  |
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| --- | --- | --- |
| Business Physical Address: |  |  |
|  | Street Address |  |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- | --- | --- |
| Phone: |  | Email |  |

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| --- | --- |
| Type of Business (Retail, service, restaurant, etc): |  |

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| --- | --- | --- | --- | --- | --- |
| Normal Hrs.& Days of Operation |  | # Employees (Full-time): |  | # Employees (Part-time) |  |

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| --- | --- | --- | --- | --- |
| Total Annual Sales in 2019 |  | Total Annual Payroll in 2019: |  |  |

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| --- | --- | --- | --- |
| How much is your monthly rent or mortgage payment? |  | To whom do you pay rent or mortgage to? |  |

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| --- | --- | --- |
| Do you have a business license in the City of Martinez, CA? | YES | NO |

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| --- | --- | --- | --- | --- | --- |
| Do you have 10 employees or less? | YES | | NO | | |
|  |  | | |  | | | |
| Does your business have a brick & mortar physical location in the Main Street Program defined boundary (see attached map pg. 4)? | YES | NO | | | | |
|  |  | | |  |
| Are you a restaurant, service, or retail business with regular operating hours & open to the general public? | YES | | NO | | |
| Have you had a loss of revenue of 25% or more due to COVID-19 restrictions? | YES | | NO | | |
| Do you have gross annual revenues of less than $200,000? | YES | | NO | | |
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| Microgrant Funds Requested ($250-$400): | | |  |

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| **Please provide a general description of COVID-19 impact on your business. Ex: Business closure, reduced hours of operation, employee layoffs, revenue decline, increased operating costs, inability to respond to home-delivery requests, interrupted supply/delivery, employee absenteeism that affects ability to serve customers, inability to serve customers for other reasons, decreased customers, etc. (Use additional page if necessary).** |

**Please attach or provide:**

* Financial documents:
  + Copy of receipts used for reopening supplies requesting to be reimbursed for. Valid items include masks, cleaning supplies, plastic barriers, signage, etc.
  + Any other supporting documents you feel are relevant to support your application.
* If you are applying in advance for reimbursement of supplies not already purchased, please provide description of what microgrant will be used towards and estimate cost. You will be asked to submit proof of purchase.

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Financial documents and proprietary business information submitted **will remain confidential**.

Completed applications are imperative to a speedy and complete review. Microgrants will be awarded until such time as the funds are depleted. Qualifying businesses are encouraged to apply for the program by Friday, July 3, 2020. Businesses do not need to be Main Street Martinez members to apply, but members will be given priority. Main Street Board of Directors and Executive Director will review applications and notify recipients by Friday, July 10, 2020. For more information about applying, contact 925-228-3577.

Please read grant guidelines carefully and prepare your paperwork. Also remember that Main Street Martinez is a one-person office and is balancing the restrictions of the pandemic. If you call and do not reach a live person, please leave a message or send an email.

Application packets may be emailed to: [director@mainstreetmartinez.org](mailto:director@mainstreetmartinez.org) or mailed to

Main Street Martinez

PO Box 776

Martinez, CA 94553

**For more information contact: Main Street Martinez, Inc.**

Office: 925-228-3577

E-mail: [director@mainstreetmartinez.org](mailto:director@mainstreetmartinez.org)

**Privacy statement:** All information provided as part of this application will be kept confidential within Main Street Martinez, Inc. (MSM), the microgrant committee and/or partner entities/organizations working with us to review the applications. Business information will be destroyed when the grant process closes.

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## Affidavit, Disclaimer and Signature

I authorize Main Street Martinez, Inc. (MSM), it’s subcommittees, and/or partner organizations to view, review, and discuss information submitted as part of this grant application.

I authorize Main Street Martinez, Inc. (MSM), it’s subcommittees, and/or partner organizations to obtain additional public information about my business is necessary for application review.

I certify that I own the business for which this Small Business Microgrant application is submitted.

I certify that all information provided as part of this application (to include attachments and verbal communications) is true and verifiable.

I certify that I have read and understand the Downtown Martinez Back to Business Microgrant guidelines.

I further certify that any funds granted will be used in accordance with grant guidelines.

If this application leads to a grant award, I understand that false or misleading information in my application or interview may result in having to pay back grant monies.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Legibly Printed Name: |  | Date: |  |

A close up of a map

Description automatically generated