

# **BATTLE CREEK AREA COVID-19 MICROGRANT FUND GUIDELINES (ROUND 2)**

REVISED 5-5-20

## **SUMMARY**

Battle Creek Unlimited (BCU) – through the generosity of Consumers Energy and W.K. Kellogg Foundation – has expanded the Battle Creek-Area covid-19 Microgrant Fund to assist small businesses and nonprofits negatively affected by the coronavirus pandemic. The program is an extension of BCU’s previous microgrant fund to aid distressed small businesses and nonprofits in the corporate limits of the City of Battle Creek. With additional contributions, grants may be awarded in the City of Springfield or the charter townships of Bedford, Emmett or Pennfield in addition to the City of Battle Creek.

## **ELIGIBILITY**

The program is intended to alleviate economic distress for eligible applicants and their employees on an interim basis until State or Federal programs are available (SBA loans and/or other State or Federal programs). Applicants must fall within the following criteria of eligibility:

- Operate within the corporate limits of the cities of Battle Creek or Springfield
- Operate within the corporate limits of the charter townships of Bedford, Emmett or Pennfield
- Have 15 employees or fewer
- Have annual revenue of \$1 million or less

## **AWARD AMOUNTS**

Program awards will be determined by the applicant’s reported annual revenues. Recipients may be eligible for up to:

- \$5,000 for companies with annual revenue below \$1,000,000
- Awards for nonprofit organizations will be based on annual operating budgets
- BCU reserves the right to adjust award amounts based upon revenue of organization in an effort to assist as many as possible

## **USE OF FUNDS**

The primary objective of this program is to maintain payroll and workforce expenses. Funds may also be used for accounts payable, rent, utilities, and other bills that could have been paid otherwise if shutdowns by executive order had not been issued. The replacement of lost sales or profits or business expansion are not permissible uses.

## **OTHER RELIEF PROGRAMS**

Awarded funds do not need to be repaid. Recipients of the Battle Creek-Area covid-19 Microgrant Fund are also encouraged to pursue State and Federal resources – notably the SBA and the Payroll Protection Plan (PPP). The applicant is responsible for ensuring that acceptance of any local aid is not in conflict or jeopardizes any award of State or Federal assistance programs.

## **REPORTING**

Recipients must provide documentation to illustrate the appropriate use of funds. Requested documents include but are not limited to:

- P&L statements
- Balance sheets
- Payroll statements
- FTE/PTE employee schedule

## **SUBMISSION INSTRUCTIONS**

- *Due to limited resources, BCU will only consider complete applications.* Applicants are responsible for completing all fields and submitting all required documentation.
- Subject line **MUST** read: **COVID-19 MICROGRANT APPLICATION**. Failure to do so will delay consideration of the application.
- Deadline for submission is COB Monday, May 11, 2020.
- Applications and inquiries may be sent to [covid-19@bcunlimited.org](mailto:covid-19@bcunlimited.org)
- Grants will be awarded at the discretion of BCU and its selection committee, with the intent to assist as many organizations in the Battle Creek area as possible. However, due to limited resources, not all applicants will receive a grant.

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## APPLICANT INFORMATION

Business Name: \_\_\_\_\_ Date Established: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ MI ZIP Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Website: \_\_\_\_\_ Email: \_\_\_\_\_  
 Business Tax ID: \_\_\_\_\_  
 Organization Type:  Corporation  Partnership  LLC  Proprietorship  Nonprofit  
 Business Ownership: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Organization Location:  Battle Creek  Springfield  Bedford  Emmett  Pennfield

## BUSINESS INFORMATION (if applicable)

Type of Business (Industry): \_\_\_\_\_  
 Annual sales in 2019: \_\_\_\_\_ Are payroll taxes current:  Yes  No  
 Average weekly sales: \_\_\_\_\_ Annual Sales in 2018: \_\_\_\_\_  
 Number of Employees: FTE \_\_\_\_\_ PTE \_\_\_\_\_ Woman-Owned Business:  Yes  No  
 Compensation Type: Salaried \_\_\_\_\_ Commissioned \_\_\_\_\_ Hourly \_\_\_\_\_ Tipped \_\_\_\_\_  
 Annual employee payroll: \_\_\_\_\_ Average Weekly Payroll: \_\_\_\_\_  
 Banking Relationship: \_\_\_\_\_  
 How has COVID-19 impacted your business: \_\_\_\_\_

## NONPROFIT INFORMATION (if applicable)

Type of Nonprofit: \_\_\_\_\_ Does the organization serve children, women, minorities and/or people of color: \_\_\_\_\_  
 Is the organization headquartered in Battle Creek: \_\_\_\_\_ Does the organization operate outside Battle Creek: \_\_\_\_\_  
 Mission: \_\_\_\_\_  
 Number of Employees: FTE \_\_\_\_\_ PTE \_\_\_\_\_ Total Assets in 2019: \_\_\_\_\_  
 How has COVID-19 impacted the organization: \_\_\_\_\_

## OTHER COVID-19 EMERGENCY AID

List any other support (grants, loans, etc.), including dollar amounts, which the organization has received as a result of COVID-19:  
 \_\_\_\_\_  
 List any other support (grants, loans, etc.), including dollar amounts, for which the organization is applying:  
 \_\_\_\_\_

## REQUESTED DOCUMENTS

- Copy of most recent payroll tax payment
- Articles of Incorporation
- Corporate Bylaws
- Employee listing/roster
- Women/minority-owned business certificate (if applicable)
- Copy of 2018 or 2019 Tax Return (if applicable)
- Copy of 2018 or 2019 990 (if applicable)

## REQUESTED GRANT

- Grant awards are based on annual revenues/operating budget up to:
- \$3,000 (annual revenue under \$300,000)
  - \$4,000 (annual revenue between \$300,000 - \$500,000)
  - \$5,000 (annual revenue between \$500,000 - \$1,000,000)

**You represent that all information in this application is accurate and complete, that you are authorized to enter into contracts and that no bankruptcy proceeding is in progress or anticipated which involved you or your business. BCU is not obligated to make a grant to you and we may retain this application whether or not a grant is made. Award amounts are subject change based total need of all received applications.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT COMPLETED APPLICATION AND REQUIRED MATERIALS TO: [COVID-19@BCUNLIMITED.ORG](mailto:COVID-19@BCUNLIMITED.ORG)**

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