
Eligibility Criteria

TMF provides a preliminary screening of applicants to determine eligibility and to determine whether or not your business/grant request will be a fit for TMF funding. Please complete the quiz, by selecting Yes or No for the following:

My business is located in Philadelphia. YES NO

My business has been in operation for at least 3 years and I can produce 3 years of tax returns for my business.

YES NO

I pay legal wages to all of my employees, including the required federal, state, and local withholdings.

YES NO

I pay all federal, state, and local taxes for my business. YES NO

I am current on all of my taxes. YES NO

My business has all of the required federal, state, and local licenses and permits to operate legally. I am able to provide copies of each.

YES NO

My business is my primary source of income. YES NO

Does your business provide any of the following professional services: banking, accounting, legal (law firm), medical?

YES NO

Is your business a registered non-profit (501c3)? YES NO

Please provide a 2-3 sentence summary of how you would use the grant funds.

2019 STABILIZATION GRANT

*(all fields marked with an * MUST be answered)*

Contact Information

*First Name (primary business owner):

*Last Name:

*Home Address:

*City:

*State:

*Zip:

*Email Address:

*Phone Number:

Business Information

*Name of Business:

Legal Name of Business (if different than above):

*Address of Business:

*City:

*State:

*Zip:

*Employer Identification Number (EIN):

MARKETING/SOCIAL MEDIA

Website:

Facebook:

Instagram:

Twitter:

Other Social Media:

*In what year was your business established?

If you are not the original owner, in what year did you purchase the business?

*Type of Business:

- Service (e.g. salon, laundry, repair/maintenance, etc.)
- Retail Trade (e.g. grocery, book store, clothing store, home furnishing store, etc.)
- Wholesale Trade (e.g. sells goods in large quantities to be retailed by others)
- Manufacturing (i.e. converts raw materials to finished products, e.g. food, apparel, textiles, furniture)
- Food Services (e.g. restaurant, café, food truck)
- Educational Services (e.g. daycare center, camp, school, yoga studio)
- Construction
- Transportation (e.g. courier/messenger service, passenger transport)

*How is your business organized?

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> S-Corp |
| <input type="checkbox"/> LLC | <input type="checkbox"/> C-Corp |
| <input type="checkbox"/> L3C | <input type="checkbox"/> B-Corp |

*Is there more than one owner?

YES NO

*If yes, please provide names and contact information of additional co-owners, including percentage of business owned.

*# Full-time (35+ hours/week):

Do NOT include business owners or independent contractors.

*# Part-time (less than 35 hours/week):

Do NOT include business owners or independent contractors.

*Please briefly describe your business and business activities (2-3 sentences)

Grant Request

Stabilization Grants are available ranging from \$500-\$10,000.

*Amount Requested: \$

*Total cost of project: \$

If the total cost of the project is greater than \$10,000, how will you pay for the difference in cost?

You will be required to submit your project budget, contractors' bids, estimates, or price points to support the requested grant amount. If applicable, please include estimated taxes and shipping costs.

*I have a deadline for when I need the grant funds in order to meet a commitment.

YES NO If yes, what is the date?

*I understand that TMF staff or a representative of TMF will contact me with additional questions about my business and may request a site visit as phase two of the application process.

YES NO

*I will need translation services if I'm selected for a site visit or TMF staff have additional questions about my application.

YES NO If yes, what language?

*How did you hear about The Merchants Fund?

- Another business, who:
- Previous grantee, who:
- Referring organization, who:
- Other, who:

*Have you requested a grant from The Merchants Fund in the past?

YES NO If yes, in what year?

*Did you receive a grant? YES NO If yes, how much? \$

PROJECT INFORMATION

*Will the TMF grant be used for a one-time investment in specific equipment or business improvement?

YES NO

*Will the TMF grant be used to improve or fix-up part of your storefront?

YES NO

If yes, have you applied for a Storefront Improvement Grant from The City of Philadelphia Commerce Department?

YES NO I NEED MORE INFO

*Please describe how you will use the grant being as specific as possible.

*Why is this project important to your business? How will completing this project help you to stabilize your business, make money, save money, or both?

*Why is your business important to your community?

*What will you do if you do not receive a TMF grant?

*Have you attempted to secure funding from other sources?

- Yes, but I did not qualify for a loan.
- Yes, but the cost of the loan was too high.
- No, I did not feel the business would qualify for funding.
- No, I did not know where to seek other funding.
- No, I did not consider other funding.
- Other (please explain):

FINANCIAL INFORMATION

REAL ESTATE

*Do you rent or own the location of the business?

OWN RENT

If you OWN:

*When did you purchase (year)?

*How much did you pay for the building?

*What is the balance on your mortgage?

*What is the estimated current value of the building?

*Are there current loans or lines of credit secured on the building?

YES NO

If you RENT:

*Do you have a current, signed lease?

YES NO

*How much time do you have remaining on your lease?

*If applicable, do you have permission from your landlord to perform work on the physical space?

YES NO

FINANCIAL INFORMATION (continued)

For your business, please provide the following information for the last three tax years. You will be required to provide your tax return for the most recently completed tax year, as well as a profit & loss statement for the current fiscal year.

Income Statements: Annual Snapshots

Use your tax return to find this information	YR: 2018	YR: 2017	YR: 2016
*Gross Receipts / Total Revenue For CORP: 1120C - line 1C For LLC: 1040 Schedule C - line 1			
*Cost of Goods Sold (COGS), if applicable For CORP - 1120C - line 2 For LLC - 1040 Schedule C - line 4			
Recurring Expenses:			
*Rent (per year) For CORP - 1120C - line 11 For LLC - 1040 Schedule C - line 20b			
*Utilities (per year) For CORP - usually under Other Deductions found on addendum Statement OR refer to P&L For LLC - 1040 Schedule C - line 25			
*Wages/Salaries (per year) For CORP - 1120C - line 8 For LLC - 1040 Schedule C - line 26			
*Total Expenses: For CORP - 1120C - line 20 For LLC - 1040 Schedule C - line 28			
*Net Income (loss): For CORP - 1120C - line 21 For LLC - 1040 Schedule C - line 31			

Assets/Liabilities Snapshot

Assets	
Property Only applicable if you own your building	
*Equipment	
Investments	
*Bank Account - Checking	
*Bank Account - Savings	
Other Assets	
*TOTAL ASSETS: Provide total assets, not the sum of what's listed here.	
Liabilities	
Mortgage Only applicable if you own your building	
Loans	
Vendor payables	
Other debt	
*TOTAL LIABILITIES: Provide total liabilities, not sum of what's listed here.	

Required Attachments (PDF documents are preferred)

- *Tax return for most recent completed tax year
- *Licenses and permits that are relevant to your business (e.g. Commercial Activity License, Serv-Safe, take-out license, food service, etc.)
- *Profit & Loss statement for current fiscal year
- *Project budget, contractors' bids, estimates, or price points to support requested grant amount. If applicable, please include estimated taxes and shipping costs.
- Other supporting materials (optional)

Demographics (optional)

The Merchants Fund asks for demographic data to measure how successful we are in achieving our funding priorities. Such priorities include funding businesses owned by those from underrepresented or underserved groups, low-income individuals, and those with less access to traditional loans. All information is strictly confidential.

How do you identify?

- Male
- Female
- Transgender
- Gender non-conforming/non-binary
- Other
- Choose not to answer

Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Choose not to answer

With which of the following categories do you identify. (check all that apply)

- Asian
- Black or African American
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other race, ethnicity, or origin
- Multiracial
- Choose not to answer

What is your country of origin?

Leave blank if you choose not to answer

What is your annual household income (i.e. the gross amount before taxes reported on your taxes)? Please include your spouse's income if married and filing separately.

- Under \$10,000
- \$10,000 - \$50,000
- \$51,000 - \$100,000
- \$101,000 - \$150,000
- Over \$150,000
- Choose not to answer

Signature (Waiver, Disclaimer, Affirmation of Truthfulness)

I certify that the information provided in this application is true and accurate. I understand that providing false or misleading information will eliminate my business from consideration for funding both now and in the future. I grant permission for agents of The Merchants Fund to discuss information contained in this application with agents from the referring organization.

Signature

Date