

TMF Disaster Relief Grant Application

A grant program for Philadelphia's businesses impacted by Hurricane Ida

****IMPORTANT: This online form DOES NOT have a "Save Draft" option. Thus, we strongly advise that you plan to fill it out in one full sitting to avoid losing any of your previously entered data.**

The following application is simple, and should take approximately 20 minutes to 1 hour to complete.

- All questions with a red asterisk (*) are required to answer in order to submit.
- You will need to upload a copy of your most recent tax return, as well as photos of reported damage.

The deadline to submit your application is 11:59 p.m. EST on October 10, 2021. ALL applications will be reviewed beginning Monday, October 11, not as they are received, with funding decisions to be announced the week of October 18th. *Please note that there is no guarantee of funding.

If you have any questions as you are completing the form or issues with the online portal, please reach out to TMF's Grants & Operations Manager either by phone at (267) 579-2856 or via email at grants@merchantsfund.org.

CONTACT INFORMATION (write-in):

- **First Name (primary business owner) ***
- **Last Name ***
- **Name of Business ***
- **Legal Name of Business (if different than above)**
- **Business EIN (Employer Identification Number) ***
- **Street Address of Business ***
- **City ***
- **State ***
- **Zip code (postal code) ***
- **Email Address ***
- **Secondary Email Address**
- **Phone Number ***
- **Website**
- **Facebook**
- **Instagram**
- **Twitter**
- **Web links to any press articles**

PRE-SCREEN QUESTIONS:

- **My business is located in Philadelphia. ***
 - Yes / No
- **My business is in compliance with all local, state, and federal taxes (or on an approved payment plan / in the process of getting on a payment plan). ***
 - Yes / No
- **My business has all of the required federal, state, and local licenses and permits to operate legally. ***
 - Yes / No
- **My business is independently owned and operated. ***
 - Yes / No
- **My business is my primary source of income. ***
 - Yes / No
- **Is your business a registered 501c3? ***
 - Yes / No
- **My business incurred direct physical damage or inventory loss due to Hurricane Ida. ***
 - Yes / No

BUSINESS INFORMATION QUESTIONS:

- **In what year was your business established? ***
 - Year
- **If you are not the original owner, in what year did you take over the business?**
 - Year
- **Type of business (select one) ***
 - Food & Beverage (e.g. restaurant, catering, cafe, food truck)
 - Fitness/ Health & Wellness (e.g. gyms, yoga studios, wellness centers, acupuncture, etc.)
 - Personal Services (salon, barbershop, spa, laundromat, repairs and maintenance, etc.)
 - Professional Services (e.g. banking, accounting, legal, medical, multi-service, IT/ tech, design, etc.)
 - Educational Services/ Adult Assistance (e.g. daycare center, school, camp, retirement/ nursing home, 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)
 - Construction
 - Transportation (e.g. courier/messenger service, passenger transport)
 - Other: (write-in)
- **What is your business structure? (select one) ***
 - Sole Proprietorship

- S-Corporation
- C-Corporation
- B-Corporation
- LLC
- L3C
- Other
- **Does your business provide any of the following professional services: banking, accounting, legal (law firm), medical? ***
 - Yes / No
- **Please briefly describe your business and business activities. (2-3 sentences) ***
 - Write-In
- **Is there more than one business owner? ***
 - Yes / No
 - **If Yes, how many additional owners other than yourself? ***
 - **What percentage of the business do you own? ***
- **Total Number of Employees (include yourself) ***
 - #
- **Number of Full-time employees (35 hours or more/week) ***
 - #
- **Number of Part-time employees (less than 35 hours/week) ***
 - #
- **Do you own or rent? ***
 - Own / Rent
- **Was your business negatively impacted by the Coronavirus pandemic? ***
 - Yes / No
 - **If Yes, which of the following did your business location experience? (select all that apply) ***
 - Shortage of supplies or inputs
 - Shortage of supplies or inputs
 - Decrease in demand for products or services
 - Loss of revenue
 - Difficulty in moving/shipping goods and services
 - Government-mandated closure of this business location
 - Reduced employees' hours of work
 - Reduced salaries and wages
 - Laid off or furloughed employees

- Other: (write-in)

STORM DAMAGES

Please note that you'll be asked to upload photos of all damages reported.

- **Is your business currently operating? ***
 - Yes / No / Limited Capacity (e.g. take-out only, e-commerce/online sales/ etc.)
- **Did you have to close your physical business location for any period of time due to storm damages? ***
 - Yes / No
 - **If Yes, for how many days? ***
- **How would you characterize the extent of the damage? ***
 - Affected - Minimal damage to the exterior and/or contents of the home (e.g. broken windows)
 - Minor - Encompasses a wide range of damage that does not affect the structural integrity of the residence (e.g. water in living s
 - Major - Significant structural damage and requires extensive repair (e.g. a water line above the electrical outlets)
 - Destroyed - A total loss, or damaged to such an extent that repair is not feasible (e.g., collapse of basement walls, foundation)
- **What type(s) of damage did your business sustain? (select all that apply) ***
 - Storefront / Exterior
 - Interior
 - Inventory loss
 - Office equipment
 - Furniture / Fixtures
 - Other: (Write-in)
- **Did the water reach above the electrical outlets? ***
 - Yes / No
- **Please provide details and a description of the damage. ***
 - Write-in
- **To the best of your ability, please estimate the total dollar amount of damage/ loss sustained. ***
 - \$
- **Please estimate the minimum dollar amount needed to stabilize the business in the short-term. *** (Stabilize= Open and operating as you were pre-storm.)
 - \$
- **What kind of business insurance/ coverage do you have, if any? (select all that apply) ***
 - Property/ Physical Damage

- General Liability Coverage
- Business/ Professional Liability
- Business Interruption
- Umbrella Policy Coverage
- Flood Insurance
- Other: (write-in)
- I don't know
- None
- **Have you or will you be filing insurance claim(s) for the incurred damage/ losses? ***
 - Yes / No / Unsure
- **Do you expect that your insurance will be able to pay for all or most of the damage? ***
 - Yes / No / Unsure
 - **If you responded Yes or Unsure, Please provide the dollar amount that you expect will be covered by insurance? ***
 - \$
 - **What is your deductible? ***
 - \$
- **How much of the financial loss/ damage have you already paid for out-of-pocket? ***
 - \$
- **Have you or will you be applying for any of the below disaster relief financial assistance programs? (select all that apply) ***
 - Federal Emergency Management Agency (FEMA)
 - SBA Physical Damage Loan
 - SBA Economic Injury Disaster Loan (EIDL)
 - SBA Business Physical Disaster Loans
 - Other: (write-in)
 - None
- **What were the total SALES for your business in 2019? (i.e. Gross Receipts or Total Revenue) * (This is NOT your profit. This is your total sales before expenses.)**
 - \$
- **What were the total SALES for your business in 2020? (i.e. Gross Receipts or Total Revenue) * (This is NOT your profit. This is your total sales before expenses.)**
 - \$
- **What is the dollar amount that you currently have in your business CHECKING account? ***
 - \$
- **What is the dollar amount that you currently have in your business SAVINGS account?***

- §
- **Has your business received a grant from The Merchants Fund in the past? ***
 - Yes / No
- **How did you hear about this grant program? (check all that apply)**
 - The Merchants Fund
 - Commerce Department
 - CDC / BID / Community Organization
 - CDFI
 - Social Media
 - Another business
 - Other
- **Is there anything else you would like for us to know?**
 - Write-In

ATTACHMENTS - UPLOAD (PDF documents are preferred)

- **Tax Return (for most recently filed year) *** *(If a corporation, include Form 1120S; If an LLC or Sole Proprietor, include Schedule C)*
- **Signed W9 for Business**
- **Photo 1 ***
- **Photo 2**
- **Photo 3**
- **Photo 4**
- **Photo 5**
- **Photo 6**
- **Photo 7**
- **Photo 8**
- **Insurance Claims**
- **Additional Materials**

DEMOGRAPHICS

- **How do you identify? ***
 - Male
 - Female
 - Transgender
 - Gender non-conforming/Non-binary

- Other: (write in)
- Choose not to answer
- **Are you of Hispanic, Latino, or Spanish origin? ***
 - Yes / No / Choose not to answer
- **Which of the following categories do you identify with? (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 age? ***
 - Under 25
 - 25 - 34
 - 35 - 44
 - 45 - 54
 - 55 - 64
 - 65 or over
 - Choose not to answer
- **What is your marital status? ***
 - Single (never married)
 - Married
 - Domestic partnership
 - Separated
 - Divorced
 - Widowed
 - Choose not to answer
- **What is your annual household income? ***
 - Under \$10k
 - \$10k - \$50k
 - \$51k - \$100k
 - \$101k - \$150k
 - Over \$150k
 - Choose not to answer

- **Will you need translation services if TMF staff have additional questions about your application? ***
 - Yes / No / Maybe
 - **If Yes or Maybe, For which language do you need translation services? (select from list) ***

- **By typing my name below, I certify that I understand the conditions of the grant, and 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 partner organizations and consulting agencies including agents from the Commerce Department, the CDC and/or similar organization that manages my business district, and any individual(s) that assisted me in completing this application. ***