

# TMF Emergency Grant Program

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*The Merchants Fund*

## *Eligibility Screen*

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### **Name of Business\***

*Please enter the DBA. The DBA is the commonly used name for your business. For example, you could have a business with the legal name "Philadelphia Hot Dog Cart LLC" but do business as "Pete's Hot Dog Cart". In this scenario your DBA would be "Pete's Hot Dog Cart".*

*Character Limit: 250*

*TMF provides a preliminary screening of applicants to determine eligibility for funding.*

*Please respond with Yes or No to the following questions:*

### **My business is located in Philadelphia.\***

#### Choices

Yes

No

### **My business is independently owned and operated.\***

Franchises are eligible only if independently-owned.

#### Choices

Yes

No

### **My business occupies a storefront, retail, or commercial space.\***

This includes food trucks and kiosks.

#### Choices

Yes

No

### **My business is in compliance with all local, state, and federal taxes.\***

Or is on an approved payment plan or in the process of getting on an approved payment plan.

#### Choices

Yes

No

### **My business has the required federal, state, and local licenses and permits to operate.\***

I am able to provide copies of each.

**Choices**

Yes

No

**My business is my primary source of income.\***

**Choices**

Yes

No

**Does your business provide professional services?\***

Examples include but are not limited to: banking, accounting, law, medical (including home health care), real estate, architecture, & graphic/web design

**Choices**

Yes

No

**Is your business a registered 501c3 non-profit?\***

**Choices**

Yes

No

*Ineligible*

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We are sorry but your business is not eligible for an Emergency Grant at this time.

Email [grants@merchantsfund.org](mailto:grants@merchantsfund.org) if you have any questions.

*Eligible for Full Application*

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Congratulations. Your business is eligible to apply for an Emergency Grant.

**Please click CONTINUE to proceed to the full application.\***

**Choices**

CONTINUE

*Business Information & Operations*

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**Legal Name of Business\***

*Character Limit: 250*

### Website

*Character Limit: 2000*

### Facebook

*Character Limit: 250*

### Instagram

*Character Limit: 250*

### Twitter

*Character Limit: 250*

### In what year was your business established?\*

*Character Limit: 4*

### If you are not the original owner, in what year did you buy or take over the business?

*Character Limit: 4*

### Tell us about your business and what makes it unique. (2-3 sentences)\*

*Character Limit: 10000*

### Number of FULL-TIME employees on payroll (35 hrs or more per week).\*

Include yourself if applicable.

*Character Limit: 250*

### Number of PART-TIME employees on payroll (works less than 35 hrs per week).\*

Include yourself if applicable.

*Character Limit: 250*

### Do you own 51% or more in the business?\*

#### Choices

Yes

No

## *Business Ownership*

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### What percentage do you own?\*

*Character Limit: 4*

### How many additional owners are there with at least 20% ownership of the business?\*

NOT counting yourself.

## Choices

- 1
- 2
- 3

### Owner #2's First & Last Name\*

*Character Limit: 250*

### Owner #2 Ownership Percentage\*

*Character Limit: 250*

### Owner #2 Email Address\*

*Character Limit: 254*

### Owner #3's First & Last Name

*Character Limit: 250*

### Owner #3 Ownership Percentage

*Character Limit: 250*

### Owner #3 Email Address

*Character Limit: 254*

### Owner #4's First & Last Name

*Character Limit: 250*

### Owner #4's Ownership Percentage

*Character Limit: 250*

### Owner #4 Email Address

*Character Limit: 254*

## *Emergency Grant Request*

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Emergency grants are provided to support businesses following an acute, unexpected situation that causes a major disruption to the business.

### Qualifying Emergencies may include:

- Fire
- Flooding (ex: natural disaster)
- Business disruption due to public works (ex: street closure for an extended period of time or water main break/utility work)
- Extreme acts of vandalism

- Breakage of equipment necessary for the business to operate
- Other emergency situations

### What caused the emergency?\*

#### Choices

Fire

Flooding (natural disaster)

Business disruption due to public works (ex: street closure/water main break)

Extreme acts of vandalism

Breakage of equipment necessary for the business to operate

Other emergency situations

### If other, please explain what caused the emergency?

*Character Limit: 10000*

### What is the smallest dollar amount needed to stabilize the business immediately?\*

*Character Limit: 20*

### Please describe how you will use the grant (be as specific as possible).\*

*For Example: My deli suffered a kitchen fire bank and I need to purchase new equipment and repair flooring.*

*\$6,000 for equipment purchase;*

*\$3,500 to fix flooring;*

*Total: \$9,500 (should be the total amount of grant request)*

*Character Limit: 10000*

### Is your business operating right now?\*

#### Choices

Yes

No

### Have you raised any extra funds to help cover your financial losses?\*

For example, a GoFundMe campaign or other crowdsourcing platforms

#### Choices

Yes

No

No, but I plan to.

## Single Event Emergency

### When did the emergency occur?\*

*Character Limit: 10*

### How would you characterize the extent of the damage?\*

- **Affected:** Minimal damage to exterior or contents of the building (ex: neighboring business had a fire that caused smoke damage to parts of your business)
- **Minor:** Encompasses a wide range of damage, but does not affect the structural integrity of the building (ex: small kitchen fire that was contained to one area)
- **Major:** Serious damage to the building that needs major repair (ex: Fire that spread to multiple parts of the business and requires extensive repair)
- **Destroyed:** A total loss, or damaged to such an extent that repair cannot take place (ex: Fire caused total loss of the property.)

#### Choices

Affected

Minor

Major

Destroyed

### To the best of your ability, please estimate the total dollar amount of damage/loss.\*

*Character Limit: 20*

## Extended Emergency

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### When did the disruption begin?\*

*Character Limit: 10*

### Do you know how long the disruption will continue?\*

*If you know an end date to the work, please put that here. If you are unsure, please put N/A*

*Character Limit: 250*

## Insurance Type

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### What kind of business insurance/coverage do you have, if any?\*

Select all that apply.

#### Choices

Property/Physical Damage

General Liability Coverage

Business/Professional Liability

Business Interruption

Umbrella Policy Coverage

Other

I don't know

None

### *Business Currently Operating*

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**Did you have to close the business because of the emergency?\***

Choices

Yes

No

**If Yes, for how long?**

*Character Limit: 250*

### *Business Not Operating*

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**How long have you been closed?\***

*Character Limit: 250*

**Do you intend to reopen?\***

Choices

Yes

No

Unsure

**If yes, what is your estimated date of reopening?**

*Character Limit: 250*

**If no, please explain why you do not intend to reopen.**

*Character Limit: 10000*

### *Insurance Deductible*

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**What is your insurance deductible?\***

*Character Limit: 20*

### *Other Insurance Coverage*

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**Please describe your Other insurance coverage.\***

Include information about the deductible, if applicable.

*Character Limit: 250*

## *Additional Funds Raised*

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**Please describe how you have raised emergency funds.\***

**For example:**

- Specific fundraising platforms used
- URL links to fundraising pages

*Character Limit: 10000*

**How much has been fundraised to date?\***

*Character Limit: 20*

## *Financial Snapshot*

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**Total Sales Last Year (Gross Receipts or Total Revenue)\***

This is **not** your profit. This is your total sales before expenses.

*Character Limit: 20*

**Year-to-Date (This Calendar Year) Sales\***

*Character Limit: 20*

## *Assets & Liabilities*

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**Business Bank Account - Checking\***

*Character Limit: 20*

**Business Bank Account - Savings\***

*Character Limit: 20*

**How much is your monthly rent/mortgage payment?\***

*Character Limit: 20*

**Is your rent/mortgage past due? (Yes/No) If yes, how much is past due?\***

*Character Limit: 10000*

## **DEBT SCHEDULE**

**Include debt in the form of:**

- Loans
- Credit cards
- Vendor Payables
- Past due utilities



Do **not** include mortgage payments (if you own your building) or rent (unless it is past due rent)

**\*This is NOT underwriting and will NOT impact the grant decision. This information is used so that TMF can provide additional support services and technical assistance.\***

DEBT TYPE	DESCRIPTION	ORIGINATION DATE	CURRENT AMOUNT OF DEBT	MONTHLY PAYMENT	PAST DUE? (YES OR NO)
LOAN 1					
LOAN 2					
LOAN 3					
CREDIT CARD 1					
CREDIT CARD 2					
CREDIT CARD 3					
VENDOR DEBT 1					
VENDOR DEBT 2					

PAST DUE UTILITY 1					
PAST DUE UTILITY 2					
PAST DUE UTILITY 3					
AUTO SUM					

### Attachment Uploads

#### Signed W-9 for Business\*

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

File Size Limit: 3 MB

#### Federal Tax Return for Business\*

Please upload your most recently filed tax return for your business.

- If you have not filed your 2022 taxes yet, please include your 2021 tax return.
- If a corporation, be sure to include Form 1120S is included.
- If an LLC or Sole Proprietor, be sure to include Schedule C.

File Size Limit: 3 MB

#### Additional Materials (Optional)

For example:

- Letters from insurance companies

File Size Limit: 3 MB

### Photo #1 (Required)\*

Please upload any photos you have of the damage/loss.

*File Size Limit: 3 MB*

### Photo #2 (Recommended)

*File Size Limit: 3 MB*

### Photo #3 (Recommended)

*File Size Limit: 3 MB*

## Demographics

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**Do you and your business identify as any of the following: (where ownership is based on 51% or more)\***

**Select all that apply.**

#### Choices

- Disability-Owned Business
- Immigrant-Owned Business
- LGBTQ+ Owned Business
- Minority-Owned Business
- Spouse-Owned Business (50/50 ownership)
- Veteran-Owned Business
- Woman-Owned Business

**What is your marital status?\***

#### Choices

- Single
- Married
- Domestic partnership
- Seperated
- Divorced
- Choose not to answer

**What is your annual household income (i.e. the gross amount before taxes reported on your taxes)?\***

#### Choices

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

## *Additional Information*

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### **Did someone help you with this application?\***

*If yes, please list the name of who helped you*

*If no, please put **no***

*Character Limit: 250*

### **Is there anything else that you would like for us to know? (Optional)**

*Character Limit: 10000*

## *Certification*

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I hereby certify that everything contained within this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information will eliminate my business from consideration for funding both now and in the future. I understand that if inaccuracies are detected after an application has been approved, the approval will be revoked.

I grant permission for agents of The Merchants Fund to discuss the information contained in this application with agents from the organization that recommended my business to TMF.

### **Signature\***

*Character Limit: 250*

### **Date\***

*Character Limit: 10*