

# 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 "Philly Dawg". In this scenario your DBA would be "Philly Dawg".*

*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

**Did your business have \$1.5M or more in total revenue (not profit) last year?\***

This is NOT your profit. This dollar amount can be found on line 1 of your Schedule C if you file as a sole proprietorship, Line 1a on your 1065 if you file as a partnership, or line 1a if you file as a corporation on your 1120.

**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 (including i-95 closure) or water main break/utility work
- Extreme acts of vandalism
- Breakage of equipment necessary for the business to operate (example: a coffee shop has their espresso machine break)
- 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

**Please describe the emergency\***

*Provide as much detail as possible i.e; what happened, what was damaged/lost, etc.*

*Character Limit: 10000*

**What is the 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 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*

**Please provide a breakdown of the funds will be used.**

*Total should equal the amount requested above. Please prioritize your request from most important (1) to less important (6)*

Priority #	Description	Amount
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<b>Priority 1</b>		
<b>Priority 2</b>		
<b>Priority 3</b>		
<b>Priority 4</b>		
<b>Priority 5</b>		
<b>Priority 6</b>		
<b>Total</b>		

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

**Choices**

- Yes
- No

**Translation Services Needed?\***

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

**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.

## Language Spoken

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Which language do you need translation services?\*

### Choices

Arabic  
Chinese (Cantonese)  
Chinese (Mandarin)  
French  
German  
Haitian Creole  
Hindi  
Italian  
Japanese  
Korean  
Other  
Persian (Dari)  
Persian (Farsi)  
Polish  
Portugese  
Russian  
Spanish  
Tagalog  
Urdu

## Single Event Emergency

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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

## *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*

**Is the disruption due to a public works project?\***

**Choices**

Yes

No

## *Public Works*

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**Who is leading the public works project?\***

*Please let us know who is leading the project. For example: PECO, PGW, Water Dept, SEPTA, etc.*

*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

## *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*

## *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*

## *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					

SAMPLE

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 2023 taxes yet, please include your 2022 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\*

For physical damage and/or losses:

- Please upload quotes or receipts to repair damages and replace lost inventory

For business disruption:

- Please upload profit and loss statement showing year over year comparison

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)

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

*File Size Limit: 3 MB*

### Photo #3 (Recommended)

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

*File Size Limit: 3 MB*

### Photo #4 (Optional)

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

*File Size Limit: 2 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.**

*TMF collects this data to better understand who is applying for grants and helps us track our efforts to provide outreach and support to underrepresented business owners.*

### 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
- Choose Not to Answer
- Does Not Apply

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

#### Choices

- Single
- Married
- Domestic partnership
- Separated
- 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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**How did you hear about this grant?\***

*Character Limit: 250*

**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*