

TMF Emergency Grant Program

The Merchants Fund

Eligibility Screen

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

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

Email grants@merchantsfund.org if you have any questions.

Eligible for Full Application

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

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

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

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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Priority 1		
Priority 2		
Priority 3		
Priority 4		
Priority 5		
Priority 6		
Total		

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

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

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

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

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

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

What is your insurance deductible?*

Character Limit: 20

Other Insurance Coverage

Please describe your Other insurance coverage.*

Include information about the deductible, if applicable.

Character Limit: 250

Business Currently Operating

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

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

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

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

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 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

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

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

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