

# TMF 2024 Stabilization Grant Program - Spring Cycle

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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 the business's eligibility for 2024 funding. Please respond with Yes or No to the following questions.*

*Please note that TMF verifies all of the below information, and applications that do not fit the criteria are ineligible for funding. If you have questions about eligibility please reach out to [grants@merchantsfund.org](mailto:grants@merchantsfund.org).*

### **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 has been in continuous operation for at least two years prior to today's current date.\***

#### 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 legally.\***

I am able to provide copies of each. For example: Commercial Activity License, Food Prep license, etc.

**Choices**

Yes

No

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

Yes

No

**Did your business have \$750,000 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

**Did your business have less than \$50,000 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

**Have you applied for a stabilization grant in 2024?\***

*Regardless of whether the application was funded or denied*

**Choices**

Yes

No

**Have you received a grant from TMF in the last 24 months?\***

*Emergency Grants do not count*

**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 childcare center?\***

**Choices**

Yes

No

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

**Choices**

Yes

No

*Ineligible*

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We regret to inform you that based upon your answer to one or more questions above, your business does not meet the eligibility requirements for a 2024 Stabilization grant at this time.

If you believe there's been an error or have further questions regarding your application status, please reach out to Simon at [grants@merchantsfund.org](mailto:grants@merchantsfund.org).

*Eligible for Full Application*

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Congratulations. Based on your responses, your business is eligible to apply for a Stabilization Grant from TMF.

**Would you like to proceed?\***

Please click **YES** below to continue with the application.

**Choices**

Yes

No

## *Business Information & Operations*

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

*Character Limit: 4*

**How far away do you live from your business location?\***

*Help text: use Google maps to determine the mileage from home to work and select from the options below*

### Choices

- 0 - .5 miles away
- .6 miles - 1 mile away
- 1.1 - 3 miles away
- 3.1 - 5 miles away
- 5.1 - 10 miles away
- Over 10.1 miles away

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

*Character Limit: 4*

**Briefly describe your business and business activities. (2-3 sentences)\***

*Character Limit: 10000*

**Do you hire employees within your community?\***

*Please let us know if you hire employees from the community in which your business operates*

### Choices

- Yes
- No

**Number of FULL-TIME employees (i.e. works 35 hrs or more per week). Include yourself if applicable\***

*Help Text: An independent contractor is NOT an employee and is NOT on the company payroll. They are self-employed and contracted to perform work for—or provide services to—another entity as a non-employee. Please do not include these workers in any questions regarding employees.*

*Character Limit: 250*

**Number of PART-TIME employees (i.e. works less than 35 hrs per week). Include yourself if applicable\***

*Help Text: An independent contractor is NOT an employee and is NOT on the company payroll. They are self-employed and contracted to perform work for—or provide services to—another entity as a non-employee. Please do not include these workers in any questions regarding employees.*

*Character Limit: 250*

## Number of independent contractors and/or freelance workers paid by the business in 2023.\*

*Help Text: An independent contractor is NOT an employee and is NOT on the company payroll. They are self-employed and contracted to perform work for—or provide services to—another entity as a nonemployee.*

*Character Limit: 250*

## How would you describe the current status of your business?\*

### Choices

Survival (needs support to stabilize before considering growth or next steps)

Sustain (mature business and/ or has the desire to sustain current size)

Scaling / in growth phase

## Is there more than 1 business owner?\*

### Choices

Yes

No

## *Business Ownership*

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## 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*

## Email Address

*Character Limit: 254*

## Owner #3's First & Last Name

*Character Limit: 250*

## Owner #3 Ownership Percentage

*Character Limit: 250*

## Email Address

Character Limit: 254

## Owner #4's First & Last Name

Character Limit: 250

## Owner #4's Ownership Percentage

Character Limit: 250

## Email Address

Character Limit: 254

## Grant Request

2024 Stabilization Grants are designed to help small businesses with a clear and specific project-based grant to assist operations in the face of economic challenges, changes, opportunities, and crises.

The grant is a one-time infusion of capital to help the business:

- *Stabilize - recover from a specific deficit/challenge (e.g. replace a failing HVAC system, repair the storefront after a disaster, etc.)*
- *Grow - take advantage of an opportunity to increase sales, profits, or decrease expenses (e.g. purchase a piece of equipment that will improve productivity, improve the interior of the store, expand to wholesale/e-commerce, etc.)*

*Please note: Stabilization Grants cannot be used for working capital, day to day expenses, or to bolster cash reserves. (E.g. pay employee salaries, pay past due debts that have been accrued due to lack of profitability, pay rent, increase the cash in your bank account, etc.) Businesses that are not profitable and that have no clear path to profitability are not likely to be funded.*

*In very specific circumstances, TMF Stabilization Grants can be used to pay off past due debts or purchase inventory. Specific instances can include: accrued debt used to continue operations during a disaster (flood, road closures, fire, etc.), purchasing bulk inventory to save on costs or prepare for a large event, assisting a sustainable business in paying debts that were accrued when the business was struggling, etc.*

**Please indicate the grant size request for your business at this time -- up to \$10,000.\***

Character Limit: 20

**Please describe your grant request in order of priority.**

*For Example:*

*Priority 1: \$5,500 for HVAC repair to replace our broken system;*

*Priority 2: \$1,500 to replace a failing refrigerator;*

*Priority 3: \$2,000 for two new slicers;*

*Total: \$9,000 (should be the total amount of grant request)*

**\*NOTE: Not all priorities need to be used\***

PRIORITY #	DESCRIPTION	AMOUNT NEEDED
PRIORITY # 1		
PRIORITY # 2		
PRIORITY # 3		
PRIORITY # 4		
PRIORITY # 5		
Total		

**Please describe how this grant will help you to improve or stabilize your business?\***

Please be as detailed as possible. For example: Will it enable you to make or save more money? Will it enable you to better serve your current customers or expand to serve new customers? *\*If the project requires more than \$10,000 to complete, please explain where the remainder of the money will be coming from.\**

***If English is not your first language, and you would prefer to write in your native language, please input the information here and TMF will translate it.***

*Character Limit: 10000*

**Follow Up / Site Visit\***

*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.*

**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

## 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

Portuguese

Russian

Spanish

Tagalog

Urdu

## Rent / Own

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

#### Choices

Rent

Own

## Rent Questions

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### Do you have a current, signed lease?\*

#### Choices



Yes

No

**When does your lease expire?\***

*Character Limit: 10*

**How much do you pay in rent per month?\***

*Character Limit: 20*

## *Commercial Property Questions*

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**When did you purchase the commercial property?\***

*Character Limit: 10*

**How much did you pay for the building?\***

*Character Limit: 20*

**What is the balance on the commercial mortgage?\***

*Character Limit: 20*

**What is your monthly mortgage payment for the commercial property?\***

*Character Limit: 20*

**Is the building used as collateral for any other loans or lines of credit?\***

*Not including the primary mortgage on the property*

### **Choices**

Yes

No

## *2023 Financial Snapshot*

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**What were the total SALES for your business in 2023? (i.e. Gross Receipts or Total Revenue)**

*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.*

*Character Limit: 20*

**Wages/Salaries in 2023 ONLY for employees and contractors\***

*Include all payroll taxes and other payroll fees*

*Character Limit: 20*

**Wages/Salaries in 2023 ONLY for owners\***

*Include all payroll taxes and other payroll fees*

*Character Limit: 20*

**Total of all other expenses incurred while operating the business\***

*Schedule C - Line 26 / 1120-S Line 8 / 1065 - Line 9 / 1120 - 13*

*Character Limit: 20*

**2024 Financial Snapshot**

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**What are the total SALES for your business in 2024 up to the last month of business?\***

*i.e Gross Receipts or Total Revenue*

*For example, if the application is submitted on March 15, 2024, please share with us the total sales from January 1 through February.*

*Character Limit: 20*

**Cost of Goods Sold (COGS), if applicable**

*These are the direct costs associated with producing your product or service. For example if you own a food business, this would be ingredients, packaging, etc.*

*Character Limit: 20*

**Wages/Salaries in 2024 ONLY for employees and contractors\***

*Include all payroll taxes and other payroll fees*

*Character Limit: 20*

**Wages/Salaries in 2024 ONLY for owners\***

*Include all payroll taxes and other payroll fees*

*Character Limit: 20*

**Total of all other expenses incurred while operating the business\***

*Character Limit: 20*

**Assets & Liabilities**

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**How much is in your Business Checking account?\***

*Please make sure this number is accurate, as any incorrect information may slow down the evaluation process*

*Character Limit: 20*

**How much is in your Business Savings account?\***

*Please make sure this number is accurate, as any incorrect information may slow down the evaluation process*

*Character Limit: 20*

**Estimated value of commercial property? (ONLY input if you own the building)**

*Do not input the value of the property if you rent your commercial space from a landlord.*

*Character Limit: 20*

**DEBT SCHEDULE**

*In this section you will list out all the current business debt. Please complete in as full detail as possible. Please do not hesitate to contact us if you have any questions*

**COMMERCIAL MORTGAGE:** Only complete if you own the commercial property you are operating your business in.

**GOVERNMENT LOANS:** This would include any SBA EIDL loans, PPP loans that were not forgiven, etc.

DEBT TYPE	ORIGINATIO N DATE	ORIGINA L AMOUN T OF LOAN	CURREN T AMOUN T OF LOAN	INTERES T RATE OF LOAN	MONTHL Y PAYMEN T
COMMERCIA L MORTGAGE					
FAMILY & FRIENDS					
BANK LOAN 1					
BANK LOAN 2					
GOVERNMEN T LOAN 1					

<b>GOVERNMENT LOAN 2</b>					
<b>CREDIT CARD 1</b>					
<b>CREDIT CARD 2</b>					
<b>VENDOR DEBT</b>					
<b>OTHER DEBT (STREET DEBT/SHORT TERM LOANS)</b>					

**Do you have any other loans?**

*If yes, please list the loans, their original amounts, current amounts, monthly payments, and interest rates.*

*Character Limit: 10000*

**Does your business have any past due payments, bills, and/or debt?**

**Choices**

Yes

No

**If yes, what types of payments, bills, and/or debt are past due and please explain?**

*Character Limit: 10000*

**Attachment Uploads**

**Signed W-9 for business\***

*Get a fillable W9 here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>*

*File Size Limit: 4 MB*

## 2023 Federal Tax Return for Business OR 2023 P&L\*

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

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: 4 MB*

## 2022 Federal Tax Return for Business\*

If a corporation be sure Form 1120S is included; if a LLC or Sole Proprietor, include Schedule C.

*File Size Limit: 4 MB*

## 2023 Federal Tax Returns - Personal (If available)

*File Size Limit: 4 MB*

## 2022 Federal Tax Returns - Personal\*

*File Size Limit: 4 MB*

## 2024 P&L\*

*File Size Limit: 4 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)\***

Please 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  
N/A

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

*This is not business income. This is the total household income as listed on your personal tax returns.*

### Choices

Under \$10k  
\$10k - 50k  
\$51k - \$100k  
\$101k - \$150k

Over \$150k  
Choose not to answer

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

**Choices**

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

*Is there anything else that you would like for us to know?*

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**Is there anything else that you would like for us to know?**

*Character Limit: 10000*

**How did you hear about this grant / Who referred you?**

*Character Limit: 250*

**Did you complete this application on your phone, tablet, or computer?\***

**Choices**

- Phone
- Tablet
- Computer

*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*

