

TMF 2025 Stabilization Grant Program - Spring Cycle

The Merchants Fund

Can your business apply?

Name of Business (DBA)*

What your customers call you. This is sometimes called the DBA (or "doing business as"), not the "legal name". For example, the legal name of your business may be "Philadelphia Hot Dog Cart LLC" but your sign says "Philly Dawg." "Philly Dawg" would be your DBA.

Character Limit: 250

Stabilization grants are subject to eligibility. See The Merchants Fund website for an eligibility checklist.

Complete the screening below to confirm your eligibility before continuing to the full application. All answers will be verified. If you have questions or think we've made a mistake, please email us at grants@merchantsfund.org.

Is your business located inside Philadelphia city limits?*

Choices

- Yes
- No

Is your business independently owned and operated?*

Franchises are eligible only if independently-owned.

Choices

- Yes
- No

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

Choices

- Yes
- No

Is your business a childcare center?*

Choices

- Yes
- No

Does your business provide professional services?*

Examples of professional services include but are not limited to:

- banking
- accounting
- insurance
- law
- medical (including home health care)
- real estate
- architecture
- graphic/web design

For the purposes of this program, salons, barbers, etc. are not considered professional services and should answer 'No.'

Choices

Yes

No

You can't apply.

We're sorry -- your business doesn't qualify.

Based on your answers above, your business does not meet the eligibility requirements for a grant from The Merchants Fund.

If you believe there's been an error or have questions, please reach out to grants@merchantsfund.org.

Can my business apply this year?

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

OR my business 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 can provide copies of all permits and licenses, if asked. For example: Commercial Activity License, Food Prep License, etc.

Choices

Yes

No

Have you RECEIVED a stabilization grant from TMF in the last 24 months?*

In order to support as many Philadelphia businesses as possible, businesses can only receive a TMF stabilization grant once every 24 months. (Emergency grants do not affect eligibility for stabilization grants. You can apply for a stabilization grant if you have received an emergency grant in the last 24 months.)

Choices

Yes

No

Have you APPLIED for a stabilization grant in the last 12 months?*

You can check the date of your last application in the dashboard when you first login to this account.

Choices

Yes

No

Do you operate out of a publicly accessible storefront or physical location?*

Businesses must be located in a storefront or commercial space that is accessible to the public. Food trucks and kiosks are eligible. Home-based businesses, exclusively e-commerce businesses, and commercial locations that aren't open to the general public are not eligible.

Choices

Yes

No

My business is my primary source of income.*

Choices

Yes

No

Did your business make LESS than \$50,000 in total revenue / sales (not profit) last year?*

Your answer should match what's on the tax return or profit & loss statement you upload. Where to find your revenue on your tax return:

- Corporations: Line 1a of Form 1120S
- LLC or Sole Proprietor: Line 1 of Schedule C

- *Partnership: Line 1a of Form 1065*

Choices

Yes

No

Did your business make MORE than \$750,000 in total revenue / sales (not profit) last year?*

Your answer should match what's on the tax return or profit & loss statement you upload. Where to find your revenue on your tax return:

- *Corporations: Line 1a of Form 1120S*
- *LLC or Sole Proprietor: Line 1 of Schedule C*
- *Partnership: Line 1a of Form 1065*

Choices

Yes

No

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

Choices

Yes

No

In what year was your business established?

Character Limit: 4

You don't qualify this year.

We're sorry -- your business does not qualify this time.

Based on your answers above, your business does not meet the eligibility requirements for a grant from The Merchants Fund. The answers to these questions change over time, so if you think you are eligible in the future, please look for one of our future grant cycles.

If you believe there's been an error or have questions, please reach out to grants@merchantsfund.org.

You can apply!

Good news! Your business is eligible to apply for a Stabilization Grant from TMF.

Would you like to continue your application now?*

Please click YES below to continue with the application.

Choices

Yes

No

Business Information & Operations

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

Character Limit: 10000

How far is it from your home to your business?*

Use Google maps to find the distance from your home to your business.

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

Do you hire employees within your community?*

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

Choices

Yes

No

Number of FULL-TIME employees. Include yourself if applicable*

TMF considers full-time work 30 hours or more per week.

Independent contractors are NOT employees and NOT on the company payroll. They are self-employed and contracted to perform work as a nonemployee. Please do not include these workers in questions regarding employees.

Character Limit: 250

Number of PART-TIME employees. Include yourself if applicable*

TMF considers part-time work less than 35 hours per week.

Independent contractors are NOT employees and NOT on the company payroll. They are self-employed and contracted to perform work as a nonemployee. Please do not include these workers when questions ask about employees.

Character Limit: 250

Number of independent contractors and/or freelance workers paid by the business.*

Independent contractors are NOT employees and NOT on the company payroll. They are self-employed and contracted to perform work 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

If you didn't start your business, in what year did you buy or take it over? (optional)

Character Limit: 4

Is there more than 1 business owner?*

Choices

Yes

No

Business Ownership

You've already entered yourself as the first owner when you created your account. We want to know about any other owners that have a significant stake (20% ownership or higher) in your business.

How many other owners besides you, own at least 20% of the business?*

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

2025 Stabilization Grants are a one-time infusion of money towards a specific, project-based purpose.

Awards should be used to help a business stabilize or grow:

- 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.)

Stabilization grants cannot be used for working capital expenses (e.g. payroll/salaries, rent, regular inventory, accrued debt due to lack of profitability), day-to-day expenses, or cash reserves. TMF will consider exceptions in very specific circumstances. For example, if an otherwise profitable business has experienced an emergency that created debt or if a one time bulk inventory purchase is required to take advance of a growth opportunity.

If you have a question about the eligibility of your request, please email grants@merchantsfund.org.

What's the total request for your grant? (Grant maximum is \$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

We'll ask you to upload documentation to support these requests later in the process (under "Additional Materials"). For instance, if you want to buy a new refrigerator, we'll ask for a price quote or a screen shot of the website where you'll buy it.

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

How will this grant help you stabilize or grow your business?*

Please be as detailed as possible and explain how the grant will help you to make more money, decrease costs, and/or improve or grow operations. Provide numbers and estimates when 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 English is not your first language, please write in your native language; TMF will translate it. Character Limit: 10000

Will the total project or purchase cost more than \$10,000?*

If the total cost of the project or purchase you reference in the priorities table above is greater than \$10,000, select "yes." For example, if you are applying to repair an HVAC system and received a quote for over \$10,000, you should answer "yes." If you are applying to replace a fridge valued at \$2,000, answer "no."

Choices

Yes
No

Remaining Project Cost

Are you able to fund the remaining project or purchase costs? If so, how?*

The maximum grant amount is \$10,000 and many grant awards are less than the maximum. If the total cost of your proposed project or purchase exceeds \$10,000, how will you fund the remaining amount?

Character Limit: 10000

Rent / Own

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

Choices

Rent Own

Rent Questions

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

Do you (or someone related to you) own some or all of the building where you rent?

This can be directly or through ownership of another entity.

Choices

Yes

No

Commercial Property Questions

What is the estimated value of this commercial property?

Character Limit: 20

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

2024 Financial Snapshot

What were the total SALES for your business in 2024? (i.e. Gross Receipts or Total Revenue)*

This is NOT your profit. If you have completed your taxes, 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 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 2024 expenses incurred while operating the business.*

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

Character Limit: 20

Assets & Liabilities

Your current Business Checking account balance*

How much money is currently in your business checking account? Please make sure this number is accurate, as any incorrect information may slow down evaluations.

Character Limit: 20

Your current Business Savings account balance*

How much money is currently in your business savings account? Please make sure this number is accurate, as any incorrect information may slow down evaluations.

Character Limit: 20

DEBT SCHEDULE

Please list out all your current business debt. Do your best to complete in as much detail as possible. Please do not hesitate to contact us if you have any questions.

COMMERCIAL MORTGAGE: Only enter this if you own the property you are operating your business in.

GOVERNMENT LOANS: This includes SBA EIDL loans, PPP loans that were not forgiven, etc.

DEBT TYPE	ORIGINATI 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					
GOVERNMENT LOAN 1					
GOVERNMENT LOAN 2					
CREDIT CARD 1					
CREDIT CARD 2					
VENDOR DEBT					
OTHER DEBT (STREET DEBT/SHORT TERM LOANS)					
AUTO SUM					

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?
 If you are on an approved payment plan or in the process of getting one, please include that information. Businesses must be up to date on local, state, and federal taxes OR on an approved payment plan to be eligible.

Character Limit: 10000

Attachment Uploads

Signed W-9 for your business*

We need this to send you money! Get a fillable W9 here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

File Size Limit: 1 MB

2024 Federal Tax Return for Business OR 2024 Profit & Loss (P&L)*

Please upload your most recently filed tax return for your business. If you have not yet filed your 2024 returns, please upload your 2024 Profit & Loss statement. If uploading your tax return, please upload the COMPLETE tax document.

If a Corporation, be sure Form 1120S is included.

If an LLC or Sole Proprietor, be sure Schedule C is included.

File Size Limit: 4 MB

2023 Federal Tax Return for Business*

Please upload the COMPLETE tax document.

If a Corporation, be sure Form 1120S is included.

If an LLC or Sole Proprietor, be sure Schedule C is included.

File Size Limit: 4 MB

Correct Documents Attached?*

Choices

Yes

No

Partial

2024 Federal Tax Returns - Personal (If available)

Please upload the COMPLETE tax document.

File Size Limit: 4 MB

2023 Federal Tax Returns - Personal*

Please upload the COMPLETE tax document.

File Size Limit: 4 MB

2025 P&L*

We want to see how the current year is going!

File Size Limit: 1 MB

Additional Materials for Grant Request Priorities

Remember the priorities you named in your grant request? Please upload photos or any quotes/estimates/receipts for costs associated with the items you listed. This documentation is required for most kinds of grant requests.

For instance, if you want to buy a new refrigerator, please upload a price quote or a screen shot of the website where you'll buy it showing the price. If you want to make repairs or upgrades to your space, please upload at least one quote or estimate.

File Size Limit: 4 MB

Additional Materials for Grant Request Priorities #2

If you have additional documentation to attach to your application or questions about what to upload, please contact grants@merchantsfund.org.

File Size Limit: 3 MB

If you have additional materials to attach to your application or questions about appropriate documentation, please email grants@merchantsfund.org.

Demographics

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