Merchants Fund / Commerce SNAP Emergency Grant

The Merchants Fund

Eligibility Screen

SNAP Emergency Grants

This program is limited to grocers and markets who are seeing substantial revenue impact from SNAP disruption.

OTHER emergency grants are available for small businesses that meet specific requirements. Please check The Merchants Fund website for eligibility checklists before applying.

Before completing the entire application, there is a short screening form below to see if you qualify. If you have questions or think something is incorrect, email us at grants@merchantsfund.org.

What the Grant Can Help With

If your business has seen a substantial revenue impact from SNAP disruptions, you may qualify for a grant to help cover a portion of the money you lost.

Revenue support grants can be used for business expenses like:

- rent
- payroll
- utilities
- other basic operating costs

How We Decide the Grant Amount

We will review your business tax returns and your transaction reports to determine the level of impact your business is experiencing.

(New businesses who have not yet filed their first tax return are still eligible -- just email us at grants@merchantsfund.org for instructions on what else to provide.)

Grant Amounts

This grant program has a maximum of $10,000 per business. Grants are typically capped at a maximum of 10% of your revenue, but may change based on your demonstrated loss from SNAP disruptions.

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

Is your business located in Philadelphia?*

Choices

Yes
No

Is your business independently owned and operated?*

Franchises are eligible only if independently-owned.

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 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.*

I can provide copies of all permits and licenses, if asked. 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 $2M or more in total revenue (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

Do you have credit card statements demonstrating substantial loss in Nov 2025 revenue from SNAP/EBT?*

Later in the application, you will have to upload statements from November 2025 (month to date), as well as statements from October 2025, and November 2024 to demonstrate reduced revenue. Substantial loss is a decline of 15% or more.

Choices

Yes
No

Are you a pharmacy or other business where food is responsible for less than 50% of your revenue?*

This program is designed to support businesses whose primary revenue comes from SNAP-eligible food.

Choices

Yes
No

Ineligible

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

The Merchants Fund **only funds** businesses that are inside Philadelphia and independently owned and operated.

We **do not fund** non-profits, childcare centers, or professional services firms.

All businesses funded by The Merchants Fund must be:

- in compliance with **tax** and **licensing** regulations
- the business owner's **primary source of income**
- in a **publicly accessible location** (like a storefront, kiosk, or food truck)
- with annual **revenue below $1,500,000**

Based on the answers you gave, 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.

Eligible for Full Application

Good news! Your business is eligible to apply for a Emergency Grant from TMF and the City of Philadelphia Commerce Department.

The next step is filling out your grant application. You'll need to provide details about:

- your business, including:
  - your current financial state (revenue, debt)
  - your personal and business tax returns
  - demonstration of lost revenue FROM EBT

Filling out the grant application will take around 30 minutes, and you don't need to do it all at once. To save your work and come back later, just scroll to the bottom of the page and click "**Save Application**" to save your progress!

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

Instagram or other Social Platform
Character Limit: 250

In what year was your business established?*
Please enter 4 digits for the year, e.g. 2012

Character Limit: 4

If you are not the original owner, in what year did you buy or take over the business?
Please enter 4 digits for the year, e.g. 2012

Character Limit: 4

Tell us about your business. (2-3 sentences)*
Please include any details regarding the relationship your business has to SNAP and SNAP recipients.

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

Translation Services Needed?*
I will need translation services if TMF staff have additional questions about my application.

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

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

Financial Snapshot

Total Sales in 2024 (Gross Receipts or Total Revenue)*

*This is **not** your profit. This is your total sales before expenses. This should match your 2024 tax returns.*

Character Limit: 20

2025 Year-to-Date Sales*

Character Limit: 20

The provided year-to-date sales cover January 1 to _____:*

This date is usually the end of the previous month (if you're using your accounting records), or yesterday (if you're using sales numbers from your POS system).

Character Limit: 10

Lost EBT Revenue

Your business FNS number

The number issued to you by the Department of Agriculture to accept SNAP/EBT.

Character Limit: 20

What are your EBT sales for Nov 1 - Nov 15 2025?*

Character Limit: 20

Please upload your transaction reports showing your EBT revenue for Nov 1 - Nov 15 2025.*
File Size Limit: 5 MB

What were your EBT sales for last month (October 2025)?*
Character Limit: 20

Please upload the transaction report from the same provider for October 2025*
File Size Limit: 5 MB

What were your EBT sales for November 2024?*
Character Limit: 20

Please upload the transaction report from the same provider from November 2024.*
File Size Limit: 2 MB

Any additional information you'd like us to know?
Is there any additional information regarding changes in revenue for these time periods that you would like us to know?

Character Limit: 10000

Assets & Liabilities

Bank account balance - Checking*
How much money do you currently have in your business checking account?

Character Limit: 20

Bank account balance - Savings*
How much money do you currently have in your business savings account?

Character Limit: 20

Do you rent or own your space?
Choices

Rent

Own

How much is your monthly rent/mortgage payment?*
Character Limit: 20

Is your rent/mortgage currently past due?*
Choices

Yes
No

If yes, how much is past due?

Character Limit: 200

Business Debt

Please list debt by source:

- 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) -- you provided that above!

*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: 1 MB

2024 Federal Tax Return for Business*

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

- If you have not filed your 2024 taxes yet, please include your 2023 tax return.
- If a Corporation, be sure Form 1120S is included.
- If an LLC or Sole Proprietor, be sure Schedule C is included.

File Size Limit: 3 MB

2025 Profit and Loss*

Please upload a Profit & Loss statement showing a year-over-year comparison.
[If you report lost income in your application and do not include a P&L, it will delay our ability to review your application and/or loss of revenue will not be considered in our review process.]

File Size Limit: 1 MB

Demographics

Do you/business ownership identify as: (where ownership is based on 51% or more)*

Select all that apply.

TMF collects this data to better understand who is applying for grants. This information helps us track our efforts to provide outreach and support to underrepresented business owners. Your responses have no impact on funding decisions.

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

Median Household Income (in K)

Look up via: Census Business Builder

Character Limit: 250

Poverty Rate (percentage)

Look up via: Census Business Builder

(Neighborhood characteristics and characteristics of current residents in each area)

Character Limit: 50

Prior TMF Grantee

Choices

Yes
No
Not Sure

Certification

Signature*

Character Limit: 250

Date*

Character Limit: 10

By typing my name below, 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 provided in this

application with agents from partner organizations and funders, including the organization that recommended my business to TMF, if applicable.

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