

Appendix C: Local Business Worksheet

**Match on Main
Local Business Worksheet
Ishpeming DDA**

Local Business Worksheet				
Point of Contact	First and Last Name:			
	Email:			
	Cell Number:	Office Number:		
	Best way to contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Office Phone
	Business Role:	<input type="checkbox"/> Owner	<input type="checkbox"/> Employee	<input type="checkbox"/> Other: Please describe your role
Business Information	Legal Business Name:			
	dba (if applicable):			
	Street Address:	City:		
	State:	Zip Code:		
	Employer Identification Number (EIN):			
	Date of Business Formation (filed with LARA):			
	If sole proprietor, check here <input type="checkbox"/>			
	Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Other			
	Please select the 4-digit NAICS Code that best represents your industry:			
	<input type="checkbox"/> 4421 Furniture Stores <input type="checkbox"/> 4422 Home Furnishings Stores <input type="checkbox"/> 4452 Specialty Food Stores <input type="checkbox"/> 461 Health and Personal Care Stores <input type="checkbox"/> 4482 Shoe Stores <input type="checkbox"/> 4483 Jewelry, Luggage, and Leather Goods Stores <input type="checkbox"/> 4511 Sporting Goods, hobby, and Musical Instrument Stores <input type="checkbox"/> 4512 Book Stores and News Dealers <input type="checkbox"/> 4523 General Merchandise Stores, including warehouse clubs and supercenters <input type="checkbox"/> 4531 Florists <input type="checkbox"/> 4532 Office Supplies, Stationary, and Gift Stores <input type="checkbox"/> 4533 Used Merchandise Stores <input type="checkbox"/> 4539 Other Miscellaneous Store Retailers <input type="checkbox"/> 7223 Special Food Services <input type="checkbox"/> 7224 Drinking Places (alcoholic beverages) <input type="checkbox"/> 7225 Restaurant and other eating places <input type="checkbox"/> 8121 Personal Care Services <input type="checkbox"/> 8129 Other personal services			

	Is your business a for-profit entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is your business headquartered in Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How many FULL-TIME employees does your business currently have? (If you are a sole proprietor, please say "1")
	Full Time _____
	How many NEW jobs are going to be CREATED by your business as part of this project (full and part time)?
	Full Time _____
	Part Time _____
For New Businesses (in operation 12 months or less)	Identify the total square footage of the space the business is/will occupy:
	Exterior Square Footage:
	Interior Square Footage:
	How long had the space being activated been vacant or underutilized?
	When did the business open? Or when does the business plan to open?
For Existing Businesses (in operation more than 12 months)	Identify the total square footage of the interior space the business is occupying:
	Identify the total square footage of any <u>NEW</u> (currently vacant or underutilized) space being activated?
	Exterior Square Footage:
	Interior Square Footage:
	How long has the space being activated been vacant of underutilized?
Required Business Plan Submission	<ul style="list-style-type: none"> • New businesses (operating 12 months or less) are REQUIRED to provide a copy of a detailed business plan that has been reviewed by a third-party small business resource provider as part of the Match on Main application. • Existing businesses (in operation more than 12 months) have the OPTION to provide a business plan as part of the project application. • Reference the Match on Main Program Guide for Business Plan elements that need to be included.
Business Location	Is your business a brick-and-mortar storefront with face-to-face operations located within your community's traditional downtown, historic neighborhood commercial corridor, or an area planned and zoned for concentrated commercial district?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the business lease the space it resides in?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the remaining lease term?
	Does the business or business owners own the building it is located in?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the current taxable value of the property?

Project Scope	<i>Please describe the scope of the project, including specific activities or expenses, that you are seeking to fund through the Match on Main program. Explain how the project scope aligns with the budget and cost estimates provided within this application. Additionally, describe why the Match on Main funds are needed in order for this project to come to fruition.</i>	
	Proposed start date:	
	Proposed completion date:	
	Eligible Activities Being Considered as Part of the Project Scope (Check all that apply): <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Interior Building Renovation <input type="checkbox"/> Permanent or semi-permanent activation of outdoor space <input type="checkbox"/> General marketing and/or technology <input type="checkbox"/> Other _____	
Project & Private Investment Totals	TOTAL D: Grant Request	\$
	TOTAL A: Total Match on Main Project Cost: (a minimum 10% match is required)	\$
	Source(s) of matching funds:	
	Provide a detailed list of all items and cost of the work to be performed or the items to be purchased that will support a reimbursement request from the Match on Main dollars. Be specific by providing vendor, items and quantity, and cost.	
Budget		

	Vendor	Item / Quantity	Cost
	<i>Insert additional lines as needed.</i>		
	REQUIRED: Attach project Cost Estimates from a Third-Party that reflect total private investment. Private investment includes any non-Match on Main funds that will be leveraged to implement the project within 6-months of an executed grant agreement. All costs associated with the proposed project should be reflected in the required third-party cost estimates.		
	REQUIRED: Provide a minimum of three photos that represent the scope of Match on Main request; this should include at least one exterior photo and at least one photo of the interior of the space.		
Private Investment	<i>Is your business meeting the required minimum cash match of 10% of the Match on Main grant request? Additionally, please describe any additional private investment - outside of the Match on Main grant request - that was or will be necessary for the completion of this project (i.e. any additional site improvements, furniture, fixtures, and equipment, or other business needs).</i>		
	TOTAL B: Total amount of additional private investment for the project: (Excluding the Grant Request or Total Project Cost totals listed in the budget section).		\$
	Project & Private Investment Calculations These calculations will be included within the Match on Main application. For example calculations, please reference the Match on Main Program Guide under Section 3: Complete MEDC Match on Main Application.		
	Total Match on Main Project Cost	\$	TOTAL A

	+ Total Additional Private Investment	+ \$	TOTAL B
	= Total Project Cost	= \$	TOTAL C
	- Match on Main Grant Request	- \$	TOTAL D
	= Project Private Investment	= \$	TOTAL E

Narrative Questions	<i>Please describe the anticipated impact Match on Main funds will have on your business.</i>		
	<p style="text-align: center;"> <i>Describe any other tools, activities, technical assistance, or financial resources investigated to support this project and/or business operations. This may include other funding programs, owner-led improvements, traditional financing, local grants, analyzing the cost/benefit of the investment, consultation with local small business resource providers, market data, or national trends/ best practices. Why did you pursue or not pursue these avenues of technical assistance, business resources, financial resources, etc.?</i> </p>		

Describe how the execution of the proposed project will result in business growth. Please provide specific examples.

Describe how the proposed project will result in increased efficiencies in operations and/or will result in the activation of underutilized or vacant space. Please provide specific examples.

How is execution of this project anticipated to result in the creation and/or retention of jobs within your business? Please include at least the following information: number of jobs that will be retained and/or created (including owner/operator, if applicable), the type of jobs that will be retained and/or created, and whether the job(s) retained and/or created will be full or part time positions. Note that Match on Main is not evaluating projects based on the number of jobs created or retained, but simply would like to understand how projects will impact job creation and/or retention.

Recognizing that Match on Main is a grant reimbursement program, how do you intend to cover the costs associated with your project prior to receiving reimbursement from the Michigan Economic Development Corporation? In your response, please be sure to include the total cost of the project, what sources of funds will be used to pay for all elements of the project PRIOR to Match on Main reimbursement, the amount of each funding source planned to be used and when funds will be available for each identified source.

	<p>What is the timeline for starting and completing all project activities? Per the Match on Main Program Guide, projects must not begin prior to submitting a formal application for Match on Main funding and, if awarded, must be completed within 6 months of grant execution.</p>	
<p>Additional MEDC Program Requirements</p>	<p>Match on Main Program: Match on Main is a grant program for small businesses and has awarded two previous funding rounds. (This does not include the Match on Main – COVID19 Response Program). Please verify that you HAVE NOT previously been awarded Match on Main funding. Find a list of previous grantees here: https://www.miplace.org/small-business/resources/.</p>	<p><input type="checkbox"/> Yes, I have received Match on Main funding previously.</p> <p><input type="checkbox"/> No, I have not received Match on Main funding previously.</p>
	<p>Ineligible Business Types: The Program Guidelines outline a number of ineligible business types including franchises (including independent contractor agreements), businesses located in strip malls (unless located in an area zoned and approved for future concentrated mixed-use development), “big box” retailers, businesses whose primary sales come from marijuana, CBD, tobacco, and/or any other businesses deemed ineligible by the MEDC.</p>	<p><input type="checkbox"/> I understand</p> <p><input type="checkbox"/> I do not identify as an ineligible business</p>
	<p>Program Guide: The Match on Main Program Guide should be reviewed by the business owner prior to completing the Local Business Worksheet. Review the program guide here: https://www.miplace.org/small-business/match-on-main/</p>	<p><input type="checkbox"/> I have reviewed the MOM Program Guide</p>

	<p>Reimbursement Grant Program: Match on Main is a reimbursement grant program provided to local units of government, downtown development authorities, or other downtown management or community development organizations who administer funds to the small business that applicant applied on behalf of.</p>	<input type="checkbox"/> I understand
	<p>Sub-grant Awards: Grantees will be required to enter into a sub-grant agreement with the small business being supported.</p>	<input type="checkbox"/> I understand
	<p>Compliance & Post-grant Reporting: If awarded, businesses will be required to complete compliance requirements and post-grant reporting.</p>	<input type="checkbox"/> I understand
	<p>Required Attachment – Third Party Cost Estimate: I have gathered and will submit a project cost estimate for proposed work that includes scope and total cost in a separate document.</p>	<input type="checkbox"/> I have included these as part of my application submission
	<p>Required Attachment – Photos: I have provided a minimum of three photos that represent the scope of Match on Main request (including at least one exterior photo and at least one photo of the interior of the space)</p>	<input type="checkbox"/> I have included these as part of my application submission
<p>Local Questions & Considerations</p>	<p>QUESTION 1: How long has your business been open in Downtown Ishpeming? Please describe any previous expansions to property or business offerings, including any DDA or MEDC grant awards in the last 5 years.</p>	
	<p>QUESTION 2: What are your long-term goals for your business?</p>	

	QUESTION 3: In what ways is your business active in the community (sponsorships, boards, community service/donations, etc.).

****Upon application completion, please submit to:**

**Lake Superior Community Partnership
Attention: Rachel Raak
rachel@marquette.org
(906) 226-6591**

Deadline for submissions is Wednesday, April 3, 2024, at 5 p.m.