

Boonton Main Street Inc. Relief Fund Microgrant Application

Boonton Main Street Inc. (BMS) believes that small businesses like yours, having chosen your work home along Main Street and throughout Boonton's downtown historic district, are a vital part of the community. Your unique presence adds to the vibrant fabric of Boonton and is a critical component to growing our local economy. To support your efforts, BMS has created a microgrant program designed to ease the financial impact of COVID-19 on your operation. We invite all business owners within our service area to apply.

Please note: All funds received by BMS during this microgrant program will be used for the sole purpose of grant awards and any associated administrative costs incurred. No funds received by BMS during the microgrant program or related to the program will be used by BMS for any other reason. Funds will be awarded by an independent sub-committee none of whom have a grant eligible business or interest in such a business within the district.

Small Business Eligibility

1. Business must have a physical location on Main Street Boonton (between Myrtle and Highland Avenue) or on the first block of a street perpendicular to Main Street between Myrtle & Highland Avenue heading North.
2. Business must have twenty or fewer full-time equivalent employees.
3. Priority will be given to businesses defined as Non-Essential Retail Businesses by New Jersey Executive Order No. 107. Other businesses defined as Essential Retail Businesses by New Jersey Executive Order No. 107, may also apply if they demonstrate a significant loss.
4. Microgrant amounts will depend on the total funds raised and the number of applications received.

Organizations not eligible to receive funding include national franchises, nonprofits, and religious organizations.

Application Process:

1. Complete pages 2 and 3 of this application. Helpful documents to have while completing your application include:
 - Profit & Loss statement from April 2019 and April 2020 or equivalent
 - Budget of how grant funds will be utilized
 - One-month budget prior to COVID impact

2. Scan and email your complete application (including all required documents) to boontoncovidrelief@gmail.com by June 15, 2020 at 11:59pm.

Your emailed application packet must include the following:

1. Completed Application Form (page 2 of this document)
2. Completed Economic Injury Worksheet (page 3 of this document)
3. One-month budget prior to COVID-19 impact
4. Budget of how the grant will be used
5. Record of any relief/grants/loans applied for and any received to date

Please note: Incomplete applications will not be considered. All documents and information submitted by applicants will be held in confidence and will be used only to weigh the merits of potential grants within this program.

Agreement by Grantee: As part of the agreement between the grantee and the grantor, all recipients agree to provide feedback on how the grant supported their business including interview, videography, and photography for collected stories and the impact of the grant.

Questions? Email info@boontonmainstreet.org



Application Form

BUSINESS OWNER NAME (Last name, First name)
BUSINESS OWNER EMAIL
BUSINESS OWNER PHONE
BUSINESS NAME and STREET ADDRESS
NUMBER OF EMPLOYEES (average)
YEARS IN BUSINESS AT THIS ADDRESS
GENERAL DESCRIPTION OF COVID-19 IMPACT ON BUSINESS (if more space is needed, include additional document)
ANTICIPATED USE OF GRANT FUNDS: Please provide an explanation and budget of how the grant funds will be utilized.



Application Form

ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

This form is required and will assist in clarifying the supporting documentation. For your convenience, this form may be filled out electronically or manually.

Name of Business: _____ Type of Business: _____

Owner Details

Last Name: _____ First Name: _____
Work Phone: _____ Email: _____
Home Phone: _____ Property Owner: _____

Business Owner Mailing Address

Address: _____
City: _____ State: _____ Zip Code: _____ County: _____

Business Street Address

Address: _____ Same As Above [checkbox]
City: _____ State: _____ Zip Code: _____ County: _____

Estimated Adverse Economic Impact

When did the impact start and what is the estimated end date? From: [] To: []

What were your businesses' revenues during the affected damage period? _____

What were your businesses' revenues during that SAME period of the prior year? _____

Amount of business interruption insurance received or anticipated, if any: _____

Please provide a brief explanation of what adverse economic effects the disaster had on your business: []

How many people did you employ prior to disaster? _____ How many did you employ after disaster: _____

Form Completed By: _____ Title: _____

Date Completed: _____