Department of Planning & Community & Economic Development

**Economic Development Division**

P.O. Box 2983

Madison, WI 53701-2983

Phone: (608) 267-8717 | Fax: (608) 261-6126

[cityofmadison.com](https://www.cityofmadison.com)

**Business District Support Program Summary and Application**

**Program Summary**

*Overview:*

The City of Madison’s Economic Development Division is accepting applications for the Business District Support Program. The goal of this program is to encourage greater economic activity in neighborhood business districts or commercial areas. Grant funds will be provided to eligible local organizations that can activate or reactivate business districts by promoting small businesses and other economic growth activities such as programs, assistance, and events such as markets or festivals. Funds may be used for capacity building, program costs, and small business support. The proposal should clearly state how the applicant intends to catalyze economic growth within a business district. The City strives for inclusion within their business community and as such supports organizations run by or are serving historically disadvantaged individuals who have not been fully active within some of these neighborhood districts in the past.

This one-time grant is federally funded through the State and Local Recovery Funds component of the American Rescue Plan Act (ARPA). The City of Madison received ARPA funding to recover from the negative public health and economic impacts caused by the COVID-19 pandemic. Funds are limited and applications will be accepted on a first come first serve basis.

*Business District Definition:*

A neighborhood or an area that contains mostly commercial activities.

*Eligible Applicants:*

**Eligible applicants must submit a proposal that will activate or reactivate a business district and is a Madison based organization that can include:**

* Neighborhood business associations,
* Neighborhood associations,
* Chambers of commerce, and
* Groups or networks that provides programming, events and/or support for entrepreneurs or business districts.

*Eligible Costs:*

Funds can be used to start a new business association or to support existing organizations based on their needs to **activate or reactivate a business district** such as:

* Programming, events and business activities
* Marketing and communication
* Reimbursement for City fees or fees associated in starting a new business association or district
* Capacity-building, organizational or administrative support associated with activating or reactivating a business district
* Business training, technical assistance, and guidance to support vendors participating in the program or event in the business district

*Ineligible Applicants:*

Organizations or groups submitting a proposal for non-commercial related events or activities and for neighborhoods or areas that are not considered a business district such as a residential area.

*Ineligible Costs:*

Funds cannot be used for programs or events that have existed for more than two years.

Grant amount: Up to $30,000

Organizations must have insurance and an active [SAM.gov](https://sam.gov/content/home) registration; or have a fiduciary that has insurance and an active SAM.gov registration. Sam.gov registration is free, please let us know if there are difficulties accessing the site.

Send application, certificate of insurance and SAM’s registration to:

Email: Saran Ouk, souk@cityofmadison.com

Mail: City of Madison

Attn: Saran Ouk

215 Martin Luther King, Jr. Blvd., Suite 300

Madison, WI 53701

**Before sending your application, please be sure to confirm or complete the following:**

**[ ]  SAM’s registration (Include proof of registration or confirmation that registration is in process)**

**[ ]  Certificate of insurance (Include proof of insurance)**

**[ ]  Proposal will activate or reactivate a business district or commercial area**

**[ ]  I understand that we will need to provide information and reporting per ARPA rules.**

**Business District Support Program Application**

|  |
| --- |
| **Section 1: Organization** |
|  |
| **Organization Name** |       |
| **Address** |       |
| **Organization Contact Name/Title** |       |
| **Phone Number** |       |
| **Email** |       |
| **EIN** |       |
| **Year Organization Founded**  |       |
| **Total Staff (full-time and part-time)** |       |
| **Total Board Members** |       |

|  |
| --- |
| **Section 2: Program Description**  |
|  |
| **Name of program**  |       |
| **Is this a new or existing program?**  |       |
| **When did this program start? (Programs that have existed for more than 2 years are not eligible.)** |       |
| **Amount requested (max amount $30,000)** |       |
| **Description of the program****(Program must activate or reactivate a business district or commercial area)**  |       |
| **What business district or commercial area does this program impact and where will it be located? List the neighborhood, streets and description of the area.** |       |
| **Please describe any partnerships or collaboration associated with this program.** |       |
| **Scope of Work and Timeline**List the action steps needed to successfully implement the program and when it will be completed. |
| **Action Item** | **Dates** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Total cost of the program** |
| **Description** | **Amount** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **What other sources of funding are committed or requested at this time?**  |
| **Source** | **Amount** | **Committed or Requested** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **This is a one-time funding opportunity through the American Rescue Plan Act (ARPA). It is not a source for ongoing support for programming or organizational costs. Describe how your organization plan to sustain the program or event.** |       |

|  |
| --- |
| **Section 3: Equity and Outcomes** |
|  |
| **The City of Madison’s values include racial and economic equity, and we wish to contract with organizations who have similar values. Please indicate how your organization has prioritized racial and economic equity.** |       |
| **Please describe how your program can advance racial and economic equity.** |       |
| **How does this program support entrepreneurs in our community?**  |       |
| **How does this program help businesses recover from the pandemic?**  |       |
| **Explain how you will measure the success of the program.**  |       |