

**CITY OF MADISON
SMALL BUSINESS EQUITY
AND RECOVERY PROGRAM (SBER)**



Strengthening Madison Businesses

Department of Planning & Community & Economic Development
Economic Development Division
Ruth Rohlich 267-4933
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Applicants must read the SBER Guidelines document before filling out this application.

SBER is a rolling grant, funding will be disbursed on a monthly basis until funds are depleted.

The monthly application schedule is as follow:

1. Applications due by the 10th of the month at midnight.
2. Applications approved by the Department of Planning, Community and Economic Development (DPCED) Director by the 20th of the month.
3. Grant awards disbursed by the last day of the month. At which point the process begins again.

Applicant Name: _____ Phone: _____

Business Name: _____

Business Address: _____ Zip Code _____

E-mail Address: _____

I have received funding from the following funds in 2020 (please check all that apply to your business):

Federal grants including PPP

State of Wisconsin grants Other

Dane County Grants

grants related to COVID-19

Please name the grants and list the amount of funding received:

Grants	Eligible Costs	Maximum Grant Amount
Revenue Losses	Assistance for small businesses owned by people of color and other historically underrepresented groups who have suffered revenue losses in 2020. Revenue losses will be shown by sales data from 2019 verses sales data from 2020.	\$5000.00
COVID-19 Safety Expenses	<ul style="list-style-type: none"> • Personal Protective Equipment (PPE) • Minor physical space modifications • Other materials/equipment 	\$5000.00

I identify as being a member of a “historically underrepresented” group that is defined as: *Businesses owned by applicants that belong to populations facing historic barriers to entrepreneurship, including low income populations, people of color, immigrants, women, veterans and LGBTQ+ individuals.*

I am applying for (check all that apply):

- COVID-19 Safety Amount requested (up to \$5,000.00)
- Expenses Revenue Losses Amount requested (up to \$5,000.00)

Please check here to indicate you certify the following statements to be true:

- I am the owner of the business.
- The business has an annual revenue of less than \$750,000.00.
- My business is current on all Local, State, and Federal taxes and fees.

Do you fear closing your business in the next 6-12 months?

Yes No I don't know

If yes, will this funding help support you in preventing this from happening?

COVID-19 Safety Expenses Grant:

Grant	Eligible Costs	Maximum Grant Amount
COVID-19 Safety Expenses	<ul style="list-style-type: none">• Personal Protective Equipment (PPE)• Minor physical space modifications• Other materials/equipment	\$5000.00

Please provide a brief description of the safety expenses you have incurred during COVID-19 and provide receipts of these expenses and/or photos and estimates of these costs. If expenses have not incurred please provide quotes or estimations of costs.

Revenue Losses Grant:

Grant	Eligible Costs	Maximum Grant Amount
Revenue Losses	Assistance for small businesses owned by people of color and other historically underrepresented groups who have suffered revenue losses in 2020. Revenue losses will be shown by sales data from 2019 verses sales data from 2020.	\$5000.00

Please provide a brief description of how COVID-19 has impacted your business revenue and attach revenue documentation from 2019 and 2020. Revenue documentation can be sales tax filling, bank statements or other such documents:

In signing this application you also agree to answer quarterly surveys that let us know how your business is doing. We will use this data in an aggregate manner (your individual data and business name will not be shared). The data will help the City evaluate the effectiveness of this funding and identify possible future programs.

_____ I agree to complete a brief quarterly survey (4 total) in 2021

APPLICANT CERTIFICATION

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the City of Madison SBER Grant Program is true and complete to the best of the applicant's knowledge and belief.

Signature: _____ Date: _____

Applications must be submitted to the Economic Development Division by e-mail:
rohlich@cityofmadison.com.

If you do not have access to e-mail please call 608-267-4933 to arrange delivery of your application.