



## MOSINEE SMALL BUSINESS EMERGENCY SUPPORT PROGRAM GRANT APPLICATION

### 1. APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### 2. BUSINESS INFORMATION

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

### 3. GRANT ELIGIBILITY CONFIRMATION

Is this a non-franchise business? **YES / NO (circle one)**

Was the business in operation and open to the general public as of March 17, 2020? **YES / NO (circle one)**; or

Is the business a strictly seasonal business that reasonably anticipated opening by April 24, 2020? **YES / NO (circle one)**

How many employees did your business have as of March 17, 2020? \_\_\_\_\_

Is the business presently in a state of total closure or unable to operate one or more of the main facets of the business, as a result of any state-mandated closure order related to COVID-19 on or after March 17, 2020? **YES / NO (circle one)**

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Please briefly describe how the state-mandated closure or business operation modification requirements are impacting your business (please feel free to add additional pages if necessary):

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**4. GRANT REQUEST SUMMARY**

<b>ELIGIBLE MONTHLY BUSINESS EXPENSES (MUST BECOME DUE AFTER MARCH 17, 2020)</b>	<b>EXPENSE AMOUNT</b>
Building Loan Mortgage or Rent Payment	\$
Monthly Gas, Electric & Water/Sewer Utility Bills	\$
<b>TOTAL GRANT REQUEST AMOUNT</b>	<b>\$</b>

**5. REQUIRED APPLICATION ATTACHMENTS**

To receive full consideration, copies (PDF is acceptable) of all the statements/invoices for the above referenced eligible expenses that apply to the grant request must be included with the application.

**6. CERTIFICATION**

*I, the undersigned, certify that I have received and read the criteria for receiving a City of Mosinee Small Business Emergency Support Grant. I certify that all information provided herein is true and accurate to the best of my knowledge. I further certify that I have completed this application and have provided the required documented expenses in accordance with the grant guidelines.*

Applicant Signature \_\_\_\_\_

Applicant Name (print or type) \_\_\_\_\_

Date \_\_\_\_\_