

COMPLETE APPLICATION PACKET



MADISON, NJ SMALL BUSINESS RECOVERY GRANTS

Your continued success is important to the overall health and well-being of our community. A vibrant downtown benefits the community, reduces taxes and gives all Madison residents a sense of pride and identity. You are our friends, our neighbors, you make our town a wonderful place to shop, and dine. This program has been created by the Madison Main Street Foundation and Downtown Development Commission with the support of the Madison Area Chamber of Commerce to help you recover from the economic damage caused by the global outbreak of COVID-19. An Ad Hoc Grant Steering Committee comprised of members from the three organizations listed above will review applications and make grant recommendations to the Madison Main Street Foundation, a 501(c)(3) charitable organization. Grants will be based on need and disbursed based on the amount of funds raised.

Eligibility

Located in the Downtown District defined in Borough Code, Chapter 15: Section 15-1.1
Twenty or fewer Full-time Equivalent Employees
Criteria established by NJ Executive Order 107

Potential Uses

Help with rent costs
Cover operational costs
Help defray marketing costs
Cover employee wages for unperformed work

Application Process

Completed Application Form
Small Business Economic Injury Worksheet
One month budget prior to COVID-19 impact
Budget of how the grant will be used

The following businesses are not eligible to receive this grant funding given funding restrictions and grant purpose:

National franchises and Non-profit organizations



Questions? email business@rosenet.org or call 973-245-3493

Madison, NJ Small Business Recovery Grant Application

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Eligibility

- 1) Business must be located in the **Downtown District** defined in ***Borough Code, Chapter 15: Downtown Development Commission, Section 15-1.1 Definitions: Includes both the traditional downtown area which principally corresponds to the CBD Zoning Districts and also the additional commercial areas of the Borough of Madison which correspond to the CC and Gateway Zoning Districts, as shown on the [Zoning Map of the Borough of Madison](#)***
- 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 can demonstrate a significant loss.
- 4) Grant amount to be determined
- 5) Businesses can use the grants for a wide-range of recovery activities including but not limited to:
 - Help with rent costs
 - Cover operational costs
 - Help defray marketing costs
 - Cover employee wages for unperformed work

Ineligible

The following businesses are not eligible to receive this grant funding given funding restrictions and grant purpose:

- National franchises
- Non-profit organizations

Timeline:

April 1, 2020: Applications will be available for download

April 1 – 30, 2020: Community outreach and assisting applicants in filling out forms

April 30, 2020: Applications due by 11:59 pm to business@rosenet.org

May 1 – 8, 2020: Members meet to evaluate applications

May 11 – 15, 2020: Decisions communicated

May 15 – June 15, 2020: Grants Distributed

Documents to Be Submitted:

- 1. Completed Application Form**
- 2. Economic Injury Worksheet**
- 3. One month budget prior to COVID-19 impact**
- 4. Budget of how the grant will be used**

Submission:

All documents may be emailed to business@rosenet.org or mailed to
Madison Main Street Foundation
Hartley Dodge Memorial Building, 50 Kings Road
Madison, NJ 07940

Agreement by Grantee:

As part of the agreement between the grantee and the grantor, the recipients will agree to a request for feedback on how the grant-supported their business and interview for collected stories and the impact of the grant.

Business Owner Name (First, Last Name)
Business Owner Email
Business Owner Phone
Business Name
Number of employees (on Average)
Years in business at this location
General description of COVID-19 impact on business (if more space is needed, include additional document):

Anticipated use of grant funds:

- (1) Please attach a one-month budget, prior to the COVID-19 impact, and an SBA Economic Injury Worksheet.
- (2) Please attach record of any other relief/donations applied for, received or raised
- (3) Include an explanation and budget of how the grant will be used

Grant funds may be used for business stabilization expenses such as:

- Working capital
- Payroll
- Making required debt payments
- Rent or lease payments
- Marketing
- Setting up e-commerce platform
- Inventory

Grants may not be used for:

- Personal uses
- Uses for purposes that are prohibited by federal, state, or local law or regulation

Note: All information provided by the applicants about their businesses will be treated in confidence and will be used only to weigh the merits of potential grants within this program

Questions? Please email business@rosenet.org or call (973) 245-3493

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

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: _____