

**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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web-page TBD



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: _____

Project	Eligible Costs	Maximum Grant Amount
Covid-19 Safety Expenses	- Personal Protective Equipment (PPE) - Minor physical space modifications - Other materials/equipment	\$5000.00
Revenue Losses	Revenue losses should be documented by providing information that demonstrates a reduction in 2020, when compared with 2019.	\$5000.00

I am applying for (check all that apply):

☐ Covid-19 Safety Expenses Amount requested (up to \$5,000.00)

☐ Revenue Losses Amount requested (up to \$5,000.00)

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

☐ I am the owner of the business.

☐ I am one or more of the following (please check all that apply)

☐ Person of Color

☐ Low Income Individual

☐ Woman

☐ Immigrant

☐ Veteran

☐ LGBTQ+

☐ The business is independently owned, as defined by one of the following (check the statement that applies)

☐ At least 50% of owners live in Dane County.

_____ If 50% of owners do not live in Dane County, the business is registered in Dane County; and, at least 50% of managers independently control purchasing decisions, business makes independent decisions regarding the name and look of the business, including marketing, advertising, logo design and branding decisions. Business makes independent decisions regarding business procedures, practices and policies.

_____ The business has an annual revenue of less than \$750,000.00.

_____ The business is current on all Local, State, and Federal taxes and fees.

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Covid-19 Safety Expenses Grant:

Project	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.

DRAFT

Revenue Losses Grant:

Project	Eligible Costs	Maximum Grant Amount
Revenue Losses	Revenue losses should be documented by providing information that demonstrates a reduction in 2020, when compared with 2019.	\$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:

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APPLICANT'S 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:
[rrhlich@cityofmadison.com](mailto:rrohlich@cityofmadison.com).

If you do not have access to e-mail please call 608-698-7884 to arrange delivery of your application.