



BA Rising Small Business Economic Recovery Microgrant

The Broken Arrow Economic Development Corporation (BAEDC) is offering a Small Business Economic Recovery Microgrant. This program is an effort to assist the businesses who have been negatively impacted as a result of the COVID-19 Pandemic. Additional information may be requested by the committee during the review process. **With limited resources, there is no guarantee that applicants will receive funding, or the full amount requested!** Applicants will be notified by email informing them if they have been approved or denied, and the amount granted.

The program is open to all businesses that meet the following criteria:

1. Business must be located within Broken Arrow city limits.
2. Must be a non-home-based, for-profit business, not owned by a larger corporation. Businesses that were deemed non-essential that were required to close, or alter operations in some way, for a time, such as salons and spas, gyms, movie theaters, non-essential retail, dine-in restaurants, and entertainment, under the State of Oklahoma's Executive Orders related to COVID-19 will receive preference in grants.
3. Employ less than 20 Full Time Employees or FTE.
4. Business has exhausted all efforts to obtain funding from SBA programs under the CARES Act, Economic Injury Disaster Loan and/or Paycheck Protection Provision.
5. Be an official Oklahoma business registered with the State of Oklahoma in some capacity.
6. Be in good standing with the City of Broken Arrow and State of Oklahoma regarding sales tax, water, etc.
7. Pledge to provide proof of paid allowed expenses within 30 days of grant award.
8. Guarantee to certify that grant funds will be utilized for allowed expenses for businesses in the city limits.

The program restricts the following:

1. Businesses that have prospered or benefited directly from COVID-19.
2. Businesses recognized the federal guidelines to be engaged in illegal activities.
3. Non-Profits.
4. Agriculture businesses.

Selection Process:

Program recipients will be selected based on the above eligibility requirements, answers to the narrative questions section of the application, provided required attachments and available funding. The grant is intended for the payment of expenses related to reopening (PPE, cleaning, protection equipment, etc) or fixed overhead costs such as rent or mortgage and utilities. Requests to cover PPE, cleaning and protection may receive preference. Grants will be made in the form of one lump sum distribution to the recipient. The maximum grant amount is up to \$5,000.

The program is being funded by the Broken Arrow Economic Development Corporation, Broken Arrow Chamber of Commerce, the City of Broken Arrow and other institutions. Broken Arrow elected officials, and Employees or their spouses of the listed organizations are not eligible to apply. Applications will be reviewed in the order they are received. Not all applicants are guaranteed to be funded. The award will be based on eligibility criteria above, and the impact of this grant to assist in ensuring the business will be able to remain in operation. Those who have not been able to receive SBA program assistance may receive priority for funding. Grants must be used to cover the expenses outlined in the application, a failure to do so will require a repayment of the grant awarded to the Broken Arrow Economic Development Corporation.



BA Rising Small Business Economic Recovery Microgrant Application

Applicants Full Name: _____ Title: _____

Business Name: _____

Email Address: _____ Phone: _____

Year Business Started: _____

Is business registered with the State of Oklahoma: ☐ Yes ☐ No

Business Tax Identification Number: _____

Business Address: _____

City/State/Zip: _____

Type of Business: _____

Principle Product or Service: _____

Was your business listed as an Essential Business: ☐ Yes ☐ No

Name of Bank(s) which the business has existing Accounts:

Name: _____

Contact Person: _____ Phone: _____

Name: _____

Contact Person: _____ Phone: _____

Are you available for a call with the Broken Arrow Economic Development Corporation Leadership to discuss the future of your business or any other issues you may be having with this national emergency?

☐ Yes ☐ No

Application Questions:

1. What are the impacts to your business caused specifically from COVID-19? Check all that apply.

_____ Business closure (From _____ to _____)

_____ Reduced hours of operation

_____ Inability to respond to Home delivery requests

_____ Revenue Decline

_____ Increased Operating Costs

_____ Inability to serve customers

_____ Decreased number of customers

_____ Decreased number of employees

2. Please provide us a narrative on how this money will be utilized by your business to help you get through the COVID - 19 National Emergency and how will it help ensure you continue in business. (Use additional paper & enclose with application if additional space is needed.)

3. What changes have you already made, or do you plan to make, to help your business sustain this national emergency? (Use additional paper & enclose with additional space is needed.)

4. Indicate what assistance program you have applied for and the outcome:

	Applied	Accepted	Amount funded	Received Money
SBA EIDL -----	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
SBA PPP -----	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Unemployment for owners -----	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Unemployment for employees -----	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Other grants or assistance -----	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

Please explain other grants or assistance if you have applied:

5. Financials:

What costs will you be utilizing the funds for: (Select all that apply)

_____ PPE _____ Rent/Mortgage _____ Utilities _____ Cleaning/Sanitation _____ Other Costs

Other, Please Specify:

Please provide proof or quote of the expense you would like covered.

6. What Personal Protection Equipment (PPE) resources does your business need:

Describe: _____

7. What Cleaning & Sanitization Services and Supplies resources does your business need:

Describe: _____

8. Other expenses related to protecting customers and employees:

Describe needed: _____

9. Rent or Mortgage:

Do you rent or own your business location: ☐ Rent ☐ Own

If you own and have an outstanding mortgage, provide bank contact.

Bank Name: _____

Contact Person: _____ Phone: _____

If you rent, please provide contact information for landlord.

Landlord Name: _____

Email: _____ Phone: _____

Monthly rent or mortgage amount: _____

If behind, provide amount of delinquency: _____

Please provide a copy of your rent invoice.

10. Utilities:

Description of Utilities: _____ Monthly Utility Amount: _____

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Description of Utilities: _____ Monthly Utility Amount: _____

Please provide a copy of the statement(s) for utilities you would utilize this grant to cover.

11. Other Cost(s):

Description: _____

Amount: _____

Please provide a copy or proof of other cost(s).

12. Any additional information that should be considered:

13. Total Amount Requested in the form of Small Business Economic Recovery Microgrant:

\$ _____

14. Checklist:

Please check each statement and acknowledge that have read the criteria and affirm the information submitted:

_____ Signed Application is enclosed.

_____ 2019 Year-end Financials (Profit & Loss and Balance Sheet) or 2018 Tax Returns is enclosed.

_____ Outlined documentation proving proof of expense for grant utilization is enclosed.

_____ Narrative Question Responses are enclosed (if additional space needed).

_____ Business is in good standing with the City of Broken Arrow.

_____ Business is harmed by COVID19.

_____ The business has less than 20 full time employees or FTE.

_____ Business or individual has submitted an application for SBA programs under the CARES Act, Economic Injury Disaster Loan or Paycheck Protection Provision, or filed for unemployment benefits.

_____ Business will provide the BAEDC proof of allowable expenses within 30 days of grant award.

_____ Guarantee awarded grant funding will be utilized to address allowable expenses for a business located within the city limits of Broken Arrow.

_____ Provide a W-9 in the event that BAEDC must send out a Form-1099 at the end of year.

Deadline and Submission Instructions:

Applications must be submitted for review by May , 2020, at 5:00pm CST. Applications will be begin reviewed by May , 2020.

Completed applications should be submitted the Broken Arrow Economic Development Corporation by sending completed and scanned documents to Jennifer.Conway@bachamber.com **AND** Darla.Heller@bachamber.com.

Certification:

I understand that any information disclosed will be held in strict confidence and used only to help me succeed in my business endeavors. I understand that all boards, staff and associated professionals will hold all information and disclosed business information in strict confidence at all times. Not all applicants are guaranteed to be funded. I guarantee awarded grant funding will be utilized to address allowable expenses for a business with a physical address in the city limits of Broken Arrow, by providing BAEDC proof of payment for expense within 30 days of award. I further understand that BAEDC reserves the right to seek grant repayment if not in compliance and agree to repayment if non-compliance is determined and repayment is requested. In signing this form, I attest that I have read or had someone read to me its contents and understand its requirements.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____