

The Merchants Fund is committed to providing for the economic needs of the merchant community with modest grants. Merchants must do business in Philadelphia and have conducted business for a minimum of three years.

Emergency grants are designed to offset emergencies or catastrophes. Merchants may apply for one-time, immediate assistance of up to \$20,000 for situations such as:

- illness, accident, injury, death of spouse or partner with whom you operated the business, theft or loss of substantial equipment necessary to operate the business, damage caused by flood or other weather related incidents or vandalism

The Merchants Fund does not support:

- New ventures
- Businesses operated from home or costs related to moving outside of the home
- Businesses holding only an off premises liquor license
- Excluded businesses: lawyers, doctors, accountants, brokers (insurance, real estate, stock), consultants, and other professionals. Please call if you are unsure whether your business is qualified to be considered for a grant.

The Merchants Fund does not discriminate based on race, color, religion, national origin, age, gender, sexual orientation, marital status, or disability.

### Personal Information

Name: \_\_\_\_\_  
*(The applicant is the Merchant and primary owner.)*

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen: Yes  No  Naturalized Citizen/Resident Alien: Yes  No

Marital Status: Married  Single  What is the name of your business? \_\_\_\_\_

What is the nature of the business conducted? \_\_\_\_\_

Address of business: \_\_\_\_\_

How long have been you in business? \_\_\_\_\_

How many employees do you have? (include yourself) Full time \_\_\_\_\_ Part time \_\_\_\_\_

State Tax Number: \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Is your spouse also significantly involved/co-operator of the business? Yes  No

Describe role: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

U.S. Citizen: Yes  No  Naturalized Citizen/Resident Alien: Yes  No

Please check one: Sole Proprietor  Corporation  Limited Liability Corp.

**(Page 2)**

Do you have dependents whom you support (over 50% of annual expenses) that reside with you? If so list each person and their relationship to you.

---

---

---

Provide the name and phone number of three people or the officers of the corporation to whom The Merchants Fund may refer to confirm the information provided (*Do not include family or friends unless they are actively involved in the business*):

---

---

---

**Business and Financial Information**

---

Please provide the following:

- copies of all current licenses from the City
- current business plan, if available

Please provide the following:

- 3 years of state income tax returns
- 3 years of Philadelphia city income tax returns (if applicable)
- 3 years of federal income tax returns
- current profit and loss statement

Who maintains your financial records? Please provide the name and contact information. If it is a member of the family please note the relationship.

---

---

**Assets**

---

Checking Accounts:

<hr/>	<hr/>
(bank name)	(current balance)

Savings/Retirement/Investment/Trust Accounts:

<hr/>	<hr/>
(bank name)	(current balance)

<hr/>	<hr/>
(bank name)	(current balance)

**(Page 3)**

**Real Estate:**

Assessed value of Real Estate Including Investment Properties (in your name or your spouse's): \_\_\_\_\_

Unpaid Mortgage Balance on Real Estate: \_\_\_\_\_

**Grants for Emergencies**

These grants are designed to offset emergencies or catastrophes. Merchants may apply for one-time, immediate assistance of up to \$20,000 for situations such as:

- illness, accident, injury, death of spouse or partner with whom you operated the business, theft or loss of substantial equipment necessary to operate the business, damage caused by flood or other weather related incidents or vandalism

*(Losses covered by insurance will not be considered.)*

Please describe your emergency. Be as specific as possible. (You may attach a brief separate document or supporting documents.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a deadline for when you need the grant in hand to meet a commitment? Date: \_\_\_\_\_

It is very strongly recommended that you have someone from a supporting agency sign your application. Examples: Your local Community Development Corporation (CDC), Small Business Development Center (SBDC), Merchants Association, Empowerment Zone, Neighborhood Association, Corridor Main Street manager, etc. If you need help identifying an appropriate agency, please call or email.

Sponsoring Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

....

The information provided in this application is true and accurate. I grant permission to the agents of The Merchants Fund to contact and discuss information contained in this application with the references provided. I agree to allow The Merchants Fund to run a credit check.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature (spouse): \_\_\_\_\_

*Information provided in this application is confidential and will be used solely to determine eligibility for a grant from The Merchants Fund.*