COVID-19 Microenterprise Stabilization Program (MicroE) Update Report

Please complete this brief report at the end of each quarter for one year (4 times) after you receive a MicroE grant.

eceive a MicroE grant.		
1)	Report for quarter ending:	
2)	Applicant Contact Information: a. Last Nameb. First Namec. Email	
3)	Business Name:	
4)	Business Street Address: a. Street b. City	
5)	What costs did you use the MicroE grant funds to cover?	
	business rent/mortgage	other office expenses
	employee wages/fringe	EIDL/PPP loans
	owner wages/fringe	other business debt (not EIDL or PPP)
	business utilities	other business expenses:
	business transportation expenses	
	business taxes	
	replace perishable inventory	non-business expenses:
	supplies	
	equipment leases	

6)	Did the MicroE grant enable you to retain or rehire employees that you otherwise would have had to lay off or terminate? Y / N / NA	
7)	Did the MicroE grant enable you to stay current on your business rent/mortgage? Y / N / NA	
8)	In the last week of the quarter, how many clients did you serve?	
9)	What is the status of your business now?	
10)	What is the status of your staffing now?	
11)	Have you had to file for bankruptcy? Y / N If Yes, Date:	
12)	If you made a permanent change to your business model because of COVID-19, briefly describe the change:	
13)	Other things you'd like us know:	
14)	Have you received any of the following types of COVID-19 related business assistance?	
	Economic Injury Disaster Loan (EIDL)	
	Economic Injury Disaster Grant (EIDG)	
	Paycheck Protection Program (PPP)	
	Assistance from local Chamber of Commerce	
	Assistance from trade association	
	Other grant/loan:	