



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.

1) Report for quarter ending:

2) Applicant Contact Information:

- a. Last Name
- b. First Name
- c. 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: