

Step 1 of 6

To successfully submit your application for the 2025 MCRC Business Operating Grants, you must provide all requested information and upload all requested documentation.

All applicants are required to attend a live, online information session prior to submitting an application. Please do not proceed if you have not attended an information session.

To attend an upcoming session, please register here.

We highly recommend that you download a copy of the application instructions, familiarize yourself with them, and prepare your information and narrative responses beforehand. To be considered for a grant, you must complete the application thoroughly and submit documentation supporting your business's eligibility.

Please remove all passwords from PDF documents before uploading them to the application. If passwords are on any documents, we cannot open them, and your application will be disqualified.

You may save and return to the application anytime before 11:59 p.m. March 15, 2025.

If you have any questions or trouble completing the application, please reach out to the MCRC Administrator, Rebecca Mead, at rebecca@middlesexchamber.com.

### **Grant Information Sessions**

l attended an information session before preparing my application. (Required)
Yes
○ No
l attended the following information session: (Required)
Wednesday, January 29th at 7:00 p.m.
Tuesday, February 4th at 12:00 p.m.
Wednesday, February 12th at 10:00 a.m.
Tuesday, February 18th at 12:00 p.m.
Tuesday, February 25th at 3:00 p.m.
Tuesday, March 4th at 7:00 p.m.
Next 🖆 Save & Continue



c/o Middlesex County Chamber of Commerc 393 Main Street Middletown, CT 06457

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Step 2 of 6	
Business Information	
Business Name (Required)	
Dunder Mifflin	
Name of person completing this application (Required)	Email (Required)
Michael Scott	mscott@dundermifflin.com
Role at business	
Regional Manager	
I am authorized to complete this application on behalf of this busine	PSS. (Required)
Yes     No	
<u></u>	
Date Business Started (Required)	
6 0 1 1 1949 0	
Business Address (Required)	
1725 Slough Avenue	
Street Address	
Suite 200	
Address Line 2	
Scranton	PA
City	State / Province / Region
18505	
ZIP / Postal Code	
Duringer Website 6	
Business Website (Required)  https://dunder-mifflin.netify.app/	
передуский политический политич	
Number of years the business has been in current location (Required)	Federal Tax ID Number (Required)
2002	XX-XXXXXXX
Majority Business Ownership (Required)  Woman-owned	
Minority-owned	
○ Veteran-owned	
Disabled-owned     None of the above	
Note of the above	
Business Formation (Required)	
Corneration	·
None and the stall officers and the stall of	
Name and city of all officers and directors of corporation. (Required)  Name	City / Town
David Wallace	New York City
Upload the Letter of Good Standing from the Department of Revenu	e Services (Required)
Choose File Fake PDF.pdf	
Accepted file types: pdf, Max. file size: 300 MB.	
Please describe your business. Please be as detailed as possible wit	hin the allocated 500 words. (Required)
	nation technology products, furniture, printing values and the experience required for making
informed buyer decisions.	
We provide our Customers with the highest standard of integrity and quality, to enable	
We crusade to create a stable working environment and corporate spirit and to give un as rich people. We are also committed to nurturing and promulgating wholesome Amer	limited opportunity to women, and to afford ordinary folk the chance to buy the same things ican values.
We strive to become the company most known for changing the worldwide poor–quali	ty image of Chinese products.

760 of 3250 max characters





Step 3 of 6		
Use of Funds		
Total Funding Request (Required)		
\$25,000.00		
Please enter a number less than or equal to 25000.		
What is the primary reason for your funding request? (Required)		
Maintain operations due to a hardship currently being experienced.		
Provide funds for potential business expansion and growth.		
Please share how the funding will be used to grow the business. (Requ	ired)	
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2394 of 3250 max characters		
Please describe and provide a dollar value for each aspect of your g	rant request. (Required)	
Anticipated Use	Dollar Value	
Trees	\$5,000	0 6
Boxes	\$5,000	0 6
Delivery Truck	\$15,000	0 6
		0 6
Please upload documentation for all items listed above. (Required)		
(inquire)		
Drop	o files here or	
Se	elect files	
Accepted file types: pdf, png, jpeg, jpg, Max. file size: 300 MB.		
Fake-PDF.pdf		ф
41 kb	100	D% <b>②</b>
Are you providing any additional funds to be counted as an equity m	natch? (Required)	
Yes		
● No		
In the past three years, have you received any additional funding/ass Operating Grants? (Required)	sistance for the same reason you are applying to the 2025 Business	
(kequired) Yes		
No		
Are you applying for any additional funding/assistance to use as a m	natch to the 2025 Business Operating Grant? (Required)	
Yes		
<ul><li>No</li></ul>		
Previous Next 🖒 Save & Continue		



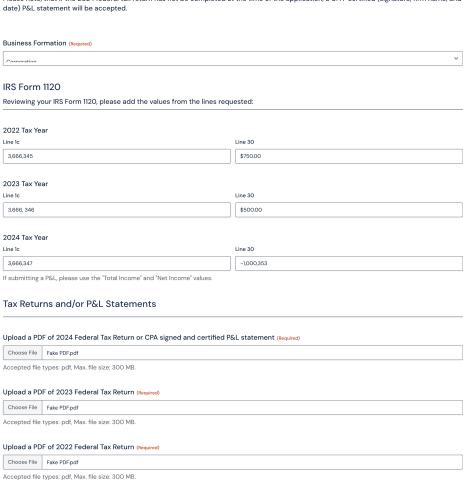
### Financial Information

Please choose the type of corporation, enter the requested information in the tables below, and upload PDF files for the federal tax return paperwork for 2022, 2023, and 2024.

- Sole Proprietor: Form 1040 Schedule C
- LLC: Form 1040 Schedule C
- Corporation: Form 1120
- S-Corporation: Form 1120S
- Partnership: Form 1065

If you file a different form for your business than what is listed above, please save your application and contact the MCRC Administrator at

Please note, that if the 2024 federal tax return has not be completed at the time of the application, a CPA-certified (signature, firm name, and





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How many employees we	ere on your payroll as of the following	dates? Please note, 1099-contracto	ors are not considered employees.
As of today's application date: (Required)		As of December 31, 2024: (Required)	
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees
15	2	15	2
As of December 31, 2023	(Required)	As of December 31, 2022:	(Required)
Full Time Employees	Part Time Employees	Full Time Employees	Part Time Employees
15	2	15	2
15			2
15	2 e expected to be retained due to this		2
15 How many employees are		grant funding? (Required)	2
15 How many employees are		grant funding? (Required) Part Time Employees	2
15  How many employees are Full Time Employees 15		grant funding? (Required) Part Time Employees	2
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How many employees are full Time Employees  15  How many employees are full Time Employees  1 f none, so state.  RS Form 941	e expected to be retained due to this	part funding? (Required) Part Time Employees  2  rant funding? (Required) Part Time Employees	

**MCKC** 



Step 6 of 6

#### Section Break

#### Certification (Required)

By submitting this application, you represent and certify to the best of your knowledge and belief that the information you have provided and the attachments hereto are true and complete and accurately describe the proposed project. You agree to promptly inform MCRC of any changes that may occur. You certify that the applicant business is in good standing with the town in which it is located, and is compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, and child labor. You also agree, should you receive the grant funding, to use the funds per the grant agreement and notify MCRC promptly should circumstances change.

### Name (Required)

Michael Scott

### Phone (Required)

Email (Required)

mscot@dundermifflin.com

Please provide the best number to reach you should the MCRC review subcommittee have questions.

#### Signature (Required)



Submit 🙆 Save & Continue