



Black, Indigenous, and People of Color Grant Application

All asterick fields must be completed.

Select form of Ownership *	DBA or Tradename if Applicable	
If 'other' please provide form ownership below		
Business Legal Name *1		
	Application Date	
Business Address *2	Business TIN (EIN, SSN)*	Business Phone*
		() -
	Primary Contact*	Email Address*

What geographic areas do you currently serve?*		
City	County	State
City	County	State

Date Founded: (Month/Year)*	Number of Employees:*		
Average Monthly Payroll: \$*	Average Annual Sales: \$*	Average Annual Revenue: \$*	

Purpose of the Grant (select more than one):	<input type="checkbox"/> Payroll <input type="checkbox"/> Lease/Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain):
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Business Website:*	Facebook:	
Twitter:	LinkedIn:	

- The Business Street Address should reflect where a business is physically located and operating. This may be different from where a business is registered or incorporated.
- Businesses should consider the number of years operating when listing Date Business Founded. This may be different from the number of years registered or incorporated.

Select Business Industry*

Is English your preferred language?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (explain):
If no, what is your preferred language?	

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name*	Race & Ethnicity*	Title*	Ownership %*	Owners SSN*	Address*



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Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntary excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Questions

How many jobs will be retained?*	In what city and county will these jobs be retained?*	
How many jobs will be created?*	In what city and county where the jobs be created?*	

Please provide the following information in no more than 500 words total.

Please describe your business.*

Please be specific about your need and how these funds put your business in a position to be successful.*

We ask that you promote the grant if you receive one. Please tell us in detail how will you promote it? (how often, which media or social media outlets?)*



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MAKE YOUR APPLICATION OFFICIAL

1. I understand the business I am seeking a grant for is a for-profit business.
2. I understand that the _____ reserves the right to make the final determination of any person’s or organization’s eligibility and/or qualifications for program benefits, and to make allocation of program benefits as it may, in sole discretion deemed appropriate.
3. I represent that I am duly authorized by my organization to submit this Application.
4. I understand that receiving a grant is predicated on me doing my best to fulfill the intentions of the grant as I’ve described within this application.
5. I understand that failure to meet these terms may result in repayment of the monies I received to the grantor.
6. Grant recipients will be expected to attend events where they will be connected to other grantees and resources. They will also be asked to share their story through a variety of media opportunities. These types of opportunities will be determined after grantees are announced.
7. Grant recipients are expected to use their award within 1-year of payment and provide a final report to the use and impact of the award. All awards are taxable income.
8. Grant awardees must allow representatives of _____ to visit the business and to complete surveys on occasion to gather information and data on the use and impact of the grant dollars.
9. _____ asks each grant winner to share the good news of receiving a grant on their social media outlets.

By signing this application, you acknowledge that you have attached the following documents:

- Most recent tax filing
- Most recent two months of bank statements
- Certificate of Good Standing
- W-9

Authorized Signature of Business Owner/Representative* **Date**

This signature must match the “Name of Applying Business Owner” provided in the first section of this application. By inserting your name above, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

If application is approved you will need to provide proper identification to verify your identity. Acceptable proof of identification include the following: valid Driver License, or valid US Passport, or valid In-State identification.

PLEASE RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS. SUBMITTING YOUR APPLICATION

There are two ways to submit your application:

1. Apply Online at _____
2. Email your completed application to _____

INQUIRIES

You may email questions to _____

SUBMIT TO _____