

Community Development Corporation Small Business Micro-Grant Fund

Grant Program:

- Rapid Response Fund**- Supports neighborhood small businesses in existence for more than 1 year
- Entrepreneur Spirit Fund**- Supports neighborhood small businesses 1 year or less or start-up firms

Business owner(s) name: _____

Business Legal Name: _____

DBA _____ **Year Established** _____

Business Physical Address: _____

Business Mailing Address (If different from mailing address): _____

Phone Number: _____ **Email Address:** _____

Industry: Manufacturing Distributor Retail Services Food/Restaurant Other

Entity Type: C-Corp S-Corp LLC Partnership Sole-proprietorship Other

Company Description: -

Current # of Employees: Owner(s) _____ **FT** _____ **PT** _____

Do you anticipate any new job creation as a result of receiving this funding Yes No

If so, how many? _____

Would you be interested in programs to train and assist your workers to develop their skills (Skill Up Program) Yes No

Do you have a Business DUNS #: Yes No **DUNS#** _____

Would you be interested in learning how to receive a business DUNS number? Yes No Need more information

Business owner demographics:

Male Female Other Prefer not to answer

Race/Ethnicity:

- Black/African American
- Hispanic/Latino
- White
- Asian/Pacific Islander
- Other
- Prefer not to answer

Do you identify as an LGBTQ+ business? Yes No Prefer not to answer

Certification Status:

MBE FBE EDGE VBE

Would you be interested in learning how to become certified? Yes No

Would you like to be connected to a Small Business Development Service Center to assist you with any business-related needs or challenges? Yes No **Please explain the business need or challenge:**

Please check the box if you give permission to share your application with our local SBDC partners

Prior Year Revenue/Sales: _____

YTD Revenue/Sales: _____

Grant Request Amount: _____

Total Project Costs: _____

Please explain your funding request:

Please include the following documents:

Business Plan (ESF Program only)

Copy of your most recent **business** checking account statement

Registered with the State of Ohio (provide Articles of Incorporation)

Invoices/purchase order of costs

Copy of signed W-9

Copy of Valid Driver's license or State ID

(RRF only) Signed Prior Year Business Federal Taxes (If business taxes were filed within your personal taxes, Schedule C must be included)

I hereby acknowledge that the grant proceeds will be utilized for the purpose above and will not be used for payment of any debt obligation, paying owner(s) salaries, and investors. I also acknowledge that I will be required to submit evidence that invoices and/or purchase orders were paid within 30 days of disbursement of grant funds.

Signature: _____ **Date:** _____

Name (Print): _____

Title: _____

CDC USE ONLY BEYOND THIS POINT

Referring CDC: _____
Business Neighborhood: _____
Business Ward/Councilperson: _____
State/Federal Congressional District: _____

Please include the following documents

- Business Plan (ESF Program only)
- Copy of your most recent **business** checking account statement
- Registered with the State of Ohio (provide Articles of Incorporation)
- Invoices/purchase order of costs
- Copy of signed W-9
- Copy of Valid Driver's license or State ID
- Signed Prior Year Business Taxes (RRF only) (If submitting personal Taxes, Schedule C must be included with)
- A letter or email stating the reason for referral and the economic impact this business has/will have on the neighborhood

I hereby certify that I reviewed the application and recommend this business for a CDC Small Business Grant. I further certify that I will work with CNP to collect any additional documentation needed to process the grant application and will further assist CNP in following up with the business owner post-grant disbursement to comply with program requirements.

CDC Representative Name (Print): _____

CDC Representative Signature: _____ **Date:** _____

CNP Representative Name (Print): _____

CNP Program Manager Signature: _____ **Date:** _____