



SMALL BUSINESS SUPPORT GRANT APPLICATION

INSTRUCTIONS: Type responses directly in to the form and save your work as a single file for submission. **Applicant must complete all fields and provide a certification signature** to apply for the Small Business Support Grant. Electronic signatures are accepted. If additional space is needed, please include attachments in submission. For further instructions, please refer to the Grant Information Packet and Application Checklist.

PART 1: Applicant / Entity Information			
Applicant / Entity Name			
Main Contact Name and Title			
Main Contact Phone Number			
Main Contact Email Address			
Applicant / Entity Address			
Length of Operation <i>(Must be in operation as of March 1, 2020)</i>			
Brief Description of Applicant / Entity			
Number of Full-Time Employees or Equivalent			
Estimated Number of Patrons Served			
<i>During a typical year of operation</i>			
<i>During pandemic years of operation</i>			
Does the entity operate in a Qualified Census Tract?	Yes	No	

PART 2: Funding Information	
Amount of funding requested:	\$



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Describe the business need this funding would address:

A large, empty rectangular box with a black border, intended for the applicant to describe the business need that the funding would address.



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If full funding is not awarded, how will the business cover the balance of negative economic impacts? Alternatively, if additional funding were to be awarded, how would projects/programs be scaled depending on award?

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How does your organization plan to track the impact of the award?

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Describe how the pandemic has financially impacted your organization:

Has the organization received other Federal awards in 2020, 2021 or 2022?	Yes	No	
If yes, indicate the type of award:			
If yes, indicate the amount of award:	\$		

PART 3: Certification

By signing this grant application, I certify that the information included is true, complete and accurate. I acknowledge that I have reviewed the grant application guidelines and understand that this application will undergo a full review before an award decision is made.

Signature of Authorized Applicant / Entity Representative			
Date			