2024 Fall Micro-enterprise Grant Application



Fields marked with an * are required fields.



 \bigcirc You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

and a determ of top or and page.	
Applicant Information	
Business Name*	Preview Mode
	Limit up to 150 characters.
Applicant Name*	
	Preview Mode
Are you the owner of the business seeking funding?*	Limit up to 150 characters.
Are you the owner of the business seeking fulfulling:	○Yes
	○No
A ! 4 T'4 -	
Applicant Title	Preview Mode
	Limit up to 150 characters.
Please provide the name of the business owner:	Preview Mode
	Limit up to 150 characters.
Business Address Line 1*	Preview Mode
	Limit up to 150 characters.
Business Address Line 2	Preview Mode
'	Limit up to 150 characters.
City*	Preview Mode
State*	
State	Preview Mode Y
Zip*	
Business Primary Phone*	Preview Mode
	Freview Mode
Business Tax ID/EIN*	Preview Mode
Business Primary Email*	Preview Mode
Is your business located in the city of Kalamazoo?*	
is your business rocated in the city of raidinazoo.	○ Yes
	○No
? Please select the neighborhood in which the business is located:*	Preview Mode 🕶
Business Type*	Preview Mode 🕶

Is there an additional owner?*	○Yes
	○ No
V	
Years in Business*	
Business Information	
Please select the business industry:*	Preview Mode 🕶
Please describe your industry:*	
Preview Mode	
Limit up to 1000 characters.	
Is your business seasonal?*	○Yes
	○No
? Gross Annual Sales in 2022*	
Gross Annual Sales in 2023*	
2022 total net profit or loss*	
Average Weekly Sales*	
Does this business have employees?*	○Yes
	○ No
# of Salaried Employees	
# of Hourly Employees	
# of Commissioned Employees	
# of Tipped Employees	
Will the business use these funds to pay employees?	○Yes
	○No
Annual Employee Payroll	
Average Weekly Payroll	
Does the business pay payroll taxes?	OV
	○ Yes ○ No
	○110
Are payroll taxes current?	○Yes
	○No

Does the business have a bank account?*	○Yes	
	○No	
Please provide the name of the bank.	Preview Mode	
	Limit up to 150 characters.	
Application Information		
Have you received or are you applying to receive any other financial support from other local, state or federal sources?*	○ Yes ○ No	
Please describe the received or requested financial supports:		
Preview Mode		
Limit up to 500 characters.		
Please describe the financial position of the business, including information on any financial hardship(s).*		
Preview Mode		
Limit up to 1000 characters.		
How would these funds be used by the business?*		
Preview Mode		
Limit up to 2500 characters.		
3 UWSCMI has strong values around equity, diversity, and inclusion (EDI) and strives to ensure every person in our community has an opportunity to thrive. Please describe how your business' focus and values align with UWSCMI's interests in EDI.*		
Preview Mode		
Limit up to 4000 characters.		