

**Application: Microgrants for Technology and Equipment
(\$100 - \$20,000)**

The Miami Foundation



Introduction

Business Information

General Business Information

LEGAL BUSINESS NAME AS IT APPEARS ON THE STATE REGISTRATION:

Test

EMPLOYER IDENTIFICATION NUMBER (EIN):

12345787

HOW MUCH ARE YOU REQUESTING? THE REQUEST SHOULD BE BETWEEN \$100 AND \$20,000.

\$5,000.00

PLEASE SELECT THE CATEGORY FOR WHICH YOU ARE APPLYING, CHECK ALL THAT APPLY

- Technology-hardware
- Technology-software
- Technology-hardware & software
- Machinery & equipment

IS YOUR ORGANIZATION LOCATED IN ONE OF THE FOLLOWING COMMUNITIES?

While we will make efforts to prioritize funding requests from these areas, organizations from outside these neighborhoods are still eligible to apply.

BUSINESS ADDRESS:

123 Test Street
Miami, FL 33133
United States

BUSINESS PHONE #:

(305) 305-3055

BUSINESS WEBSITE:

<http://test.com>

TYPE OF BUSINESS:

Retail, Service, Manufacturing, Other

BUSINESS INDUSTRY: SELECT THE INDUSTRY THAT BEST DESCRIBES YOUR BUSINESS.

Arts, Entertainment, and Recreation (includes theater, dance and music companies, museums, sports teams, performing artists, fitness and recreation centers, etc.)

BRIEF BUSINESS DESCRIPTION:

No more than 4 sentences designed to introduce your business to a new customer or investor. Think elevator pitch.

CURRENT YEAR'S PROJECTED REVENUES:

This is how much money you are planning to bring in this year.

CURRENT YEAR'S OPERATING BUDGET:

This is how much money you are planning to spend this year.

DOES YOUR BUSINESS HAVE THE REQUIRED MIAMI DADE COUNTY TAX CERTIFICATE AND REQUIRED LICENSING FOR THE MUNICIPALITY IN WHICH YOUR BUSINESS IS LOCATED TO BE LEGALLY OPERATING IN MIAMI DADE COUNTY?



Yes

Owner(s) Information & Demographics

General Application Information: Owner(s)

Below please list all of the owner(s) of the business. All owners of the business must be listed, not just the person completing the application. Information for up to 4 owners can be provided. Additional owners can be uploaded below in the Application Attachments section.

GENERAL APPLICATION INFORMATION: OWNER(S)

NAME:

Test Test

DATE OF BIRTH:

01/01/1985

ADDRESS:

123 Test Street
Miami, FL 33133
United States

PHONE NUMBER:

(305) 305-3055

EMAIL ADDRESS:

test@test.com

% OF THE BUSINESS OWNED:

100

Demographics

WHAT BEST DESCRIBES YOUR RACE AND ETHNICITY?

- Arab American/Middle Eastern/North African
- American Indian/Alaskan Native
- Asian
- Black or African American
- Hispanic/Latino - Afro-Latino
- Hispanic/Latino
- Hispanic/Latino - White
- Native Hawaiian/Other Pacific Islander
- Non-Hispanic White

WHICH BEST DESCRIBES YOUR CULTURAL IDENTITY?

- African
- Caribbean
- Central American
- Cuban
- East Asian
- European
- Haitian
- South American
- South Asian (i.e., Indian)
- US Black/African American

WHICH OF THE FOLLOWING HISTORICALLY UNDERSERVED BACKGROUNDS DO YOU IDENTIFY WITH?

- Black-led
- Disability-led
- Hispanic/Latino-led
- LGBTQ+
- Middle Eastern/North African-led
- Military or veteran-led
- Native/Indigenous-led
- Refugee-led

WHAT IS THE GENDER IDENTITY OF THIS OWNER?

- Male
- Female
- Transgender
- Non-binary / non-conforming
- Prefer not to answer

Application Narrative & Required Attachments

BACKGROUND:

Briefly describe your business. Include a description of the product or service you are selling, a description of your target market (customer), including how they benefit from the product or service and the community or areas where you offer your product or service.

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PURPOSE: Describe how you will be investing the funds you are applying for. Include a description of the asset and its use within your business, how the asset will increase / enhance your business, your plan for meeting increased demand, how you will reach new / additional customers, and how having this asset will help your business reach future goals.

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SOCIAL IMPACTS / BENEFITS: Please describe impacts of this funding beyond the acquisition of the asset. Include new jobs to be created, existing jobs to be retained, benefits to staff not previously available, climate implications, and increased community access to goods and services.

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Application Attachments

These two attachments are **required** to be considered for the grant. While we provide an optional projections template, you are not required to use our template. Templates are located towards bottom of Other Resources page. Click [here](#) to access them.

FINANCIAL PROJECTIONS:

-

BUSINESS INCOME TAX RETURN OR SCHEDULE C FOR THE PREVIOUS YEAR:

-

Employee Roster

NUMBER OF CURRENT EMPLOYEES:

DESCRIBE YOUR STAFF / TEAM / CONSULTANTS AND YOUR PLAN TO HIRE IF YOU NEED TO ADD HUMAN CAPITAL AS A RESULT OF RECEIVING THE ASSET.

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Proposed Use of Funds

SUMMARY OF FUNDING REQUEST: IN ONE SENTENCE, SUMMARIZE YOUR TECHNOLOGY OR EQUIPMENT FUNDING REQUEST.

Proposed Use of Funds (with vendor estimates)

All proposed expenses below must be accompanied by a vendor estimate. Once your funding agreement is executed PSE will make payments on your behalf to the vendor specifically for the items listed below. If at any point during the application process you wish to adjust this proposed use of funds please contact PSE. If you would like to purchase more than 1 unit of a specific item, please only list it once and indicate the number under "unit."

PROPOSED USE OF FUNDS

ITEM

ITEM DESCRIPTION

UNIT PRICE

\$5,000.00

OF UNITS

2

TOTAL COST

\$10,000.00

SCANNED VENDOR ESTIMATE:

-

Waivers & Submit

INFORMATION SHARING

When you apply for funding through the "Open for Business" program, you and the people who own your organization agree that the information you provide can be used by a third party for evaluating the program or providing you with business assistance. Your data won't be shared or distributed by Partners For Self-Employment, Inc., the Miami Foundation, or their third-party evaluator for any other purpose.

Click here to agree.

INSURANCE

When you apply for funding through the "Open for Business" program, you and the leaders of your business agree that it's your responsibility to make sure the business has the right insurance for its industry and covers all assets, especially those bought with the funds. Partners For Self-Employment, Inc. and its funders can ask for proof of insurance at any time during the loan or grant period.

Click here to agree.

LICENSING & PERMITTING

When you apply for funding through the "Open for Business" program, you and the leaders of your business agree that it's your responsibility to make sure the business has all the necessary licenses and permits for its industry and location. Partners For Self-

Employment, Inc. and its funders can ask for proof of these licenses and permits at any time during the loan or grant period.

✓ Click here to agree.

ACCURACY

When you apply for funding through the "Open for Business" program, you and the leaders of your business agree that all the information in the application, including attachments, is accurate and complete. Also, you promise to inform Partners For Self-Employment, Inc. in writing within 30 days of any important changes, such as address or contact info, ownership changes, or any changes affecting your ability to meet financial or legal commitments from this application.

✓ Click here to agree.

FUNDING AMOUNT

When you apply for funding through the "Open for Business" program, you and the leaders of your business recognize that approval is not guaranteed, and the approved amount may differ from your request. You also acknowledge that the funds, if approved, must be used for the purpose stated in the application, and Partners For Self-Employment, Inc. may choose to pay vendors directly on your behalf whenever possible.

✓ Click here to agree.