

Minority Small Business Support Program

GRANT APPLICATION

APPLICANT'S INFORMATION:

Date *



Month Day Year

ELIGIBILITY CRITERIA

All conditions below has to be met in order to be eligible to submit this application

Is Your Business Registered In or Have a Businesses License in South Carolina? *

Yes

No

Is Your Business Owned by African American, Hispanic, Asian, or Native American? *

Yes

No

Does Your Business Have at Least a 51% Minority Ownership? *

Yes

No

Does Your Business Have 25 or Fewer Employees? *

Yes

No

Is Your Business Located in Beaufort, Jasper, Colleton, or Hampton Counties? *

Yes

No

If the answer is No to any of the questions above the application will not continue.

Full / Legal Name *

First Name

Last Name

Home Address *

Street Address

Street Address Line 2

City

State

Zip Code

Business Name *

Business Address (if different from Home Address)

Street Address

Street Address Line 2

Phone Number *

Area Code

Phone Number

E-mail *

example@example.com

Website URL

Indicate the maturity of your business. *

Idea Phase

Start up < 1 yr old

Start up 1-2 yrs old

Existing Business 3-5 yrs old

Existing Business >5 yrs old

County *

Please describe your business *

(300 words or less)0/300

Do you have a business plan for your company? (If yes please include a copy of your plan. If no, please attach a summary of operations or refer to the lean canvas document on our website.) *

Yes

No

Please describe why you chose this business? *

(300 words or less)0/300

Do you expect your business to hire any employees in 2021 or 2022? If yes, please state how many you expect to hire? *

0

1

2

3

4

5+

Amount of request? *

Please note maximum award is \$2,500

What is the purpose of request? *

(300 words or less)0/300

Summarize your request and include a description of the impact on your business. *

(300 words or less)0/300

Indicate the Use of the Grant Funds

Percentage of Grant Requested (%)

Personnel/Staff

Professional fees (legal, accounting, CPA services)

Marketing materials

Website

Equipment

Other

What is the total cost of the area(s) you selected above? *

If there is a difference between the amount requested and the total amount needed, what main source(s) will make up the difference? Include dollar amount, name of source, and "Committed" or "Pending".

(300 words or less)0/300

Is there any other information that you want to share with us?

(300 words or less)0/300

Have you received any other grants from any organization within the last 12 months? *

Yes

No

If yes, how much and from whom?

(300 words or less)0/300

Please tell how you heard about our grant program? *

APPLICANT'S DEMOGRAPHIC INFORMATION:

Ethnicity Race *

Black/African American

Hispanic/Latino

Asian

Native American

Age Group *

18-24

25-45

45-65

Over 65

Do Not Wish to Respond

Military/Veteran Status *

Active Military

Retired Military/Veteran

Non-Military

Do Not Wish to Respond

Persons with Disabilities (PWD) *

PWD

Non-PWD

Do Not Wish to Respond

Gender *

Male

Female

Do Not Wish to Respond

*

I have read and agree to abide by the grant rules.

Type your name here. *

This action constitutes your signature on this application as well as a signature for the grant rules.

All submissions are final, no changes are allowed.