BLACK BUSINESS ASSOCIATION OF AMHERST AREA MICROGRANT FUND PROJECT APPLICATION

Application Date: _____

Applicant Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Business Type: □ Sole Proprietor □ Partnership □ LLC □ Corporation □ Nonprofit □ Other _____

Business Start Date: _____ Number of Employees (if applicable): _____

Amount Requested: $_____

Primary Purpose: □ Operating Cost □ Startup Cost □ Specify _____

Expected outcomes (check all that apply):

□ Access to Capital & No Repayment □ Business Launch □ Support for Underserved Entrepreneurs

□ Local Economic Impact □ Other _____

Have you ever received business grant funding? □ Yes □ No (response will not affect funding decision)

If yes, Amount, Date and Source

Required Documents □ Government-issued ID □ Business License/Registration

APPLICANT CERTIFICATION

I certify that the information provided is true and complete. If awarded funding, I agree to use grant funds only for the purposes described in this application and provide any required follow-up documentation.

Applicant Signature: _____

Printed Name: _____

Date: _____

OFFICE USE ONLY

Application number: _____ Date Received: _____

Reviewer: _____

Approved Amount: $_____Authorized Signature: _____ Date: _____

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