

## THE MAP TO SUCCESS

Technical Assistance • Networking • Funding

MICROENTERPRISE ASSISTANCE PROGRAM

**Loan Program Purpose:** To Develop and Support new and existing micro-enterprises to contribute to a vibrant and diverse local business environment.

**Deadline:** All Applications must be received no later than 5 p.m. on June 30, 2023. Applications must receive a minimum of 75 points in order to be considered for funding.

## **Section One: Executive Summary**

**Max 10 Points** 

Applicant Information	•	
First Name:	Last Name:	
Business Title:		
	City:	
State:	_ Zip Code:	
Phone Number(s) Mobile: _	Office:	
Email Address:		
Business Name:		
	Email:	
How long has business bee	en in existence?	
Business EIN:	DUNS Number:	
Number of Employees:		
·	ative of the history / mission of your company, what servi	•

Please provide a history of sales and profit growth over the past 3 to 5 years:					
Please tell us about current activities and pro	motions you have in your company/ how do you market your product:				
Section Two: Project Description	Max 25 Points				
How much funding are you seeking throug	h the program?				
Provide a brief description of your propose	d uses from the grant:				
	key outcomes for using this grant:				
Attach back-up documentation a	s confirmation of your uses and expected investments:				
Use: Ex. Desktop Printer	Amount: \$ 800				
Use:	Amount: \$				
Use:	Amount: \$				
Use:	Amount: \$				
Use:	Amount: \$				



Please explain how you would use this grant to grow or expand your business:			
Why do you feel this project will be successful?			
What is your geographic Market area? Who are the individuals or areas served?			
Section Three: Demonstration of Need	Max 20 Points		
Discuss why City of Kettering funding is needed and not available from other sources:			
How could your project goals be met without City of Kettering funding?			
Section Four: Justification of Expenditures	Max 25 Points		
Please explain how the expenditures listed above directly meet the projects need:			



	provide a narrative showing that the items are currently available, the c	
expen	ditures necessary to meet your businesses goals:	
Secti	on Five: Sustainability	Max 20 Points
After t	funding is expended, describe how your business will continue to be pro	ofitable:
AILEI	unding is expended, describe now your business will continue to be pro	Jillabie.
	mes/Impact Return on Investment – Describe how you will measure the	
the de	gree of change. EXAMPLE: Increase sales by XX%, Increase client engageme	ent by XX%, hire XX new employees:
Bonu	<b>s Points</b> - You will receive additional points for each of the following:	
	First time being funded	(2 points)
	Live in Kettering	(2 points)
	Racial or Ethnic Minority Business Owner	(2 points)
	Female Owned Business Owner	(2 points)
	Other historically advantaged owner / Veteran or Disabled	(2 points)
	Completed one or more class series	(5 points for each series)
	☐ Completed entire 2022 Spring Technical Assistance Series	(5 points for each series)
	☐ Completed entire 2022 Fall Technical Assistance Series	
	Completed entire 2022 Fair reclinical Assistance Series  Completed entire 2023 Spring Technical Assistance Series	



		provided in conjunction with the apeing submitted. No incomplete app	•			
		onfirm that my business is located within the City of Kettering and the business maintain proper licenses and permits for operation.				
	I certify that the average annual gross receipts of the business is less than \$500,000.					
	I have attached a copy of the most recent personal tax returns for owners with 20% or more ownership interest. <b>Attach personal taxes of all owners and/or any business returns</b> .					
	☐ I have attached a completed IRS W-9 Form, EIN and DUNS number (each of these are require attach W-9 available at www.irs.gov/pub/irs-pdf/fw9.pdf).					
	☐ I agree to document and report the economic impact to the business as a result of this grant including but not limited to, jobs retained, job hired, increased sales, participation in other relief programs.					
	I confirm that the business is current with all local, state, and federal taxes.					
	☐ I certify that the business has complied with its by-laws or other governing documents to obtain approval for the undersigned to submit this application and execute a grant agreement on behalf of the applicant.					
will rely	on the accuracy of	mation, to the best of my knowledge is ac the submitted information and certifica ate information may be treated as a defau	itions made in conjunctio	n with this application. Any		
Business Name		Authorized Representative	Title	Date		
Submission Instructions:						

By checking each box below, the undersigned hereby certifies that the statement is true and/or that the

All attachments should be scanned and emailed to **Angela.Rahman@ketteringoh.org** or can be mailed or dropped off to: City of Kettering ATTN: Angela Rahman 3600 Shroyer Rd Kettering, OH 45429.

If you have questions about the application requirements or have any issues with submitting any of the required documents, please email **Angela.Rahman@ketteringoh.org.** 

