



## Small Business of the Month Micro Grant Program Application

Name of Business: \_\_\_\_\_

Contact Person & Role: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Structure: \_\_\_\_\_ Date Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Is the business a member of the Midland Hispanic Chamber of Commerce? YES NO

What was your revenue for last fiscal year? \_\_\_\_\_ Profit? \_\_\_\_\_

What products or services do you provide?: \_\_\_\_\_

What customers do you serve?: \_\_\_\_\_

How do you intend to use grant funds if your business is chosen?: \_\_\_\_\_

Do you have a project or specific deadline you need the grant funds for?: \_\_\_\_\_

*MHCC Use:*

Date application received: \_\_\_\_\_ Membership in good standing: YES NO