

Grant Application

FRT Economic Development Solutions

201 East 1st Street Suite 3-4

Duluth, MN 55802

218-461-1722

Information about Business Owner(s)

Owner's (#1) Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____

Owner's (#2) Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____

Optional Identifying Questions:

Family Rise Together acknowledges Protected Classes as defined by the Minnesota Department of Human Rights, and commits to creating a safe and respectful work and service environment for individuals across differences, including:

- **Race, Color, Creed, Religion, National Origin, Sex, Marital Status, Familial Status, Disability, Public Assistance, Age, and Sexual Orientation**

Family Rise Together also commits to protecting individuals across differences in:

- **Ethnicity, Gender Identity, Economic Class, and Language**

Race/Ethnicity:

*Circle all that apply:

Hispanic or Latin Origins _____, White _____, African American _____, Asian _____
American Indian or Alaska Native _____, Middle Eastern/North African _____, Biracial/Mixed
Race _____ Other _____

Gender: Female _____, Male _____, Nonbinary _____

*Optional: Sexual Orientation _____

Business Information

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax Number: (____) _____

Business E-mail Address: _____

Business Website: _____

Has business started? _____ Yes _____ No If yes, when did business start? _____

Federal Tax Identification Number: _____

DUNS Number* _____

If you do not have a DUNS Number please apply here <https://www.dnb.com/duns-number/get-a-duns.html> and attach your receipt to your application:

Business Structure: *(Check the applicable line for your business.)*

_____ *Sole Proprietorship* _____ *Partnership* _____ *Limited Liability Company*
_____ *C Corporation* _____ *S Corporation* _____ *Have not formed a business entity*
_____ *Other (Please specify. _____)*

Have you completed a business plan? _____ Yes _____ No
(If yes, please attach a copy of your business plan with your application.)

Please tell us about your business.

- Describe in detail the product(s) or service(s) you offer or will offer.

Market Information

- Please list the names and addresses of your main competitors.

- How do you compare with your competitors? What makes your product or service unique, better, or different from your competitors?

- Describe your typical customer(s). Why will they buy from you rather than your competitors? How will you market your business to your customers? How will you let them know about your business? *(If applicable, attach copies of contracts, letters of interest or intent, or purchase orders.)*

- How will you price your product(s) or service(s)? Please explain your reasoning to support your pricing and why it will be accepted by customers.

Management and Employees

Please tell us about yourself.

What background and experience do you have in this business or industry?

- What experience do you have managing a business or organization? Talk about your experience in such areas as financial recordkeeping, managing employees, paying bills, ordering inventory, and so on.

• How many employees do you currently have? _____ Full-time _____ Part-time

• Does your business offer employee benefits? _____ Yes _____ No

If yes, please describe the benefits you offer. _____

• How many employees do you expect to add in the next six months because of this grant?

_____ Full-time _____ Part-time

What are the types of jobs to be created and the estimated salary or hourly wage for these jobs?

_____ \$ _____ per _____
 _____ \$ _____ per _____
 _____ \$ _____ per _____
 _____ \$ _____ per _____

Business Financial Information

• At what bank do you have your business checking account? _____

LOANS PAYABLE: *(If your business has any outstanding loans, please list them below.)*

Lender	Original Amount	Original Date	Current Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral Description
	\$		\$	%		\$	
	\$		\$	%		\$	
	\$		\$	%		\$	
	\$		\$	%		\$	
	\$		\$	%		\$	

If applicable

Accountant's Name _____

Phone # _____

Lawyer's Name _____

Phone # _____

Other Advisor _____

Phone# _____

Insurance Provider _____

Phone # _____

• Are there any areas in which your business could benefit from training or technical assistance (such as marketing, bookkeeping and record keeping, financial management, and so on?)

Project Information

• Why are you requesting a grant and how will it help your business? How has COVID affected your business?

