



RELIEF FUND – GRANT APPLICATION

G.A.M.E. Relief Fund Mission: To assist minority entrepreneurs throughout the State of Georgia whose businesses have been devastated by COVID19 and the civil unrest sparked by the untimely death of African American men at the hands of law enforcement and civilians.

INSTRUCTIONS:

Please complete the entire application. All questions designated with an asterisk (*) must be completed in order for your application to be considered and processed.

GENERAL BUSINESS INFORMATION

(1 of 3 Sections)

* 1. BASIC INFO

BUSINESS LEGAL NAME:

(Legal Name should be the same on IRS determination letter and as supplied on IRS Form 990)

ADDRESS:

(Principal/Administrative Office)

CITY / STATE / ZIP:

OFFICE NUMBER / FAX

WEBSITE
ADDRESS:

FEIN# or SS#:

YEAR BUSINESS ESTABLISHED:

CURRENT AGE OF BUSINESS:

*** 2. TYPE OF BUSINESS** **(SELECT all that apply):**

Consultant / Professionals

Service Contractor

Manufacturing

Manufacturer Rep.

Construction Contractor

Distributor

Broker / Agents

Other (please specify):

***3. BUSINESS DESCRIPTION / OVERVIEW: (ENTER brief description - 150 words or less):**

***4. PRODUCTS / SERVICES (ENTER brief description - 150 words or less):**

***5. MARKETS / CUSTOMERS (ENTER BRIEF DESCRIPTION - 150 words or less):**

***6. NAICS INFORMATION (ENTER ONE OR TWO NAICS CODES):**

NAICS CODE 1:

NAICS DESCRIPTION 1:

NAICS CODE 2:

NAICS DESCRIPTION 2:

*** 7. REVENUE (Last Year) (SELECT one):**

\$1K - \$100K

\$100K - \$250K

\$250K - \$500K

> \$500K

*** 8. NUMBER OF EMPLOYEES (SELECT one):**

1-5

6-10

11-20

> 20

9. Please upload or attach a copy of your business capability statement.

Choose File

No File Chosen

OWNERSHIP INFORMATION

(2 of 3 Sections)

*** 10. OWNER INFO**

OWNER / PRINCIPAL / CEO:

COMPANY:

TITLE:

EMAIL ADDRESS:

MOBILE NO:

***11. CO-OWNER INFO**

CO-OWNER:

COMPANY:

TITLE:

EMAIL ADDRESS:

MOBILE NO:

12. TAX ENTITY TYPE: (SELECT one):

C-Corporation

S-Corporation

Sole Proprietorship

Partnership

Limited Liability Company

Other (please specify)

13. OWNERSHIP TYPE: (SELECT one):

Black-Owned

Woman-Owned

Both

14. MBE CERTIFICATIONS: (SELECT all that apply):

GMSSDC

City of Atlanta

Fulton County

DeKalb County

State of Georgia

All of the above

None of the above

Other (please specify)

FINAL QUESTIONS

(3 of 3 sections)

*** 15. Why should G.A.M.E. select your organization to receive this grant? (in 150 words or less)**

***16. How has COVID-19 or the civil unrest impacted your business? (in 150 words or less)**

*** 17. How do plan to use the funds should your company be awarded this grant?**

18. How did you hear about the business grant competition?

LinkedIn

Facebook

Twitter

Word of Mouth

Radio

TV

Google

Flyer

Email

Other (please specify)

19. Insert a link or attach a 2-minute video on why you deserve to receive the G.A.M.E. Grant.

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

- 1. This Company does not support or engage in any terrorist activity, and**
- 2. If a grant is awarded to this Company, the proceeds of the grant will not be distributed to or be used to benefit any organization or individuals for the purpose of supporting or engaging in terrorism, partisan politics or used for any other unlawful purposes.**

****PLEASE PROVIDE A COPY OF YOUR ORGANIZATION'S MOST RECENT FEDERAL TAX FILING****

Signature

Date