

## **Excelsior & Outer Mission Micro Grants**

**Name**

**Business Name**

**Address**

**Phone**

**Describe your ethnicity?**

**Describe your race?**

**Describe your gender?**

**Preferred Language**

**If other - please write here**

## **General Business Information**

**Your gross revenue in 2018**

**Your gross revenue in 2019**

**Your business type**

**Which state did you incorporate in?**

**What best describes your business**

**Number of Full Time Employees**

**Number of Part Time Employees**

**Monthly Rent**

**Lease Expiration**

## **General Income Information:**

**Which best describes your family?**

**Dual headed family / Single headed family / Single**

**Number of persons living in your home (including yourself)**

**Total estimated income for the next 12 months for all adult members**

## **Grant Application**

**Which grant are you applying for:**

**(Please only select one)**

**Storefront Beautification / PPE / Shared Spaces**

**Please describe your project and why you are looking for funding?**

**Attach Any Supporting Documents and email to: [mramirez@eagsf.org](mailto:mramirez@eagsf.org) or [mflores@eagsf.org](mailto:mflores@eagsf.org)**

**Signature**