

**FOR PREVIEW PURPOSES
ONLY - NOT A FILLABLE FORM**



PROMISE Act Grant Application

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Prior to beginning this application, carefully review the [Grant Program Guidelines](#) for details regarding eligibility and required documentation needed to complete this application. Please note not all applicants who are eligible and apply may receive a grant.

If you are unable to fully complete the application, you can save your content by clicking save my progress and resume later located at the top of this application. Applications not completed in their entirety will not be considered.

A. Primary Contact Information for this grant application:

Please list a business owner who owns at least 20% of the business. For a non-profit, list a director on the Board of Directors with board appointed authority to submit this application.

First Name: *

Last Name: *

Title: *

Work Email: *

Cell Phone Number: *

Work Phone Number: *

B. Business Information:

Full Legal Organization Name: *

Operating Name, if different than Legal Organization Name:

Physical Address

Street Address *

[physical address, no PO Boxes]

City: *

State *

Zip Code: *

County: *

Mailing/Billing Address

Mailing Address: *

Can Include PO Boxes

City: *

State *

Zip Code: *

What year did the business for which you're applying first file business taxes?

*

Federal TX ID Number (EIN): *

9 Digits - No dashes

Please select one of the following to enter: *

Business Structure: *

Select one

Using the NAICS codes below, please select the code that best describes the business. If you believe this business falls into more than one category, please select the category that generates the majority of the business revenue. *

NAICS codes are typically located in the upper righthand side of the tax return. For more information [click here](#).

Areas served by organization: *

 Please select...
 Big Stone
 Chippewa
 Cottonwood

Select all that apply. To select multiple answers, hold down the 'CTRL' key while clicking on each answer you wish to choose. This allows you to select more than one item without deselecting others.

C. Additional Business Information:

1. [For business structure that is “non-profit corporation”] Does this non-profit organization earn 30% or more of its revenue in similar ways to businesses, such as from ticket sales, membership fees or other revenue streams?

Yes

No

2. Did your business have a minimum of \$10,000 in gross revenue in the 2022 tax year? *

Yes

No

3. Is your business maintaining ongoing operations as of the date of this application? *

Yes

No

5. Was your business operating in 2021?

Yes

No

6. Did your business have a gross annual revenue of \$750,000 or less based on 2021 taxes? *

Yes

No

7. Did your business have a gross annual revenue of \$750,000 or less based on 2022 taxes? *

Yes

No

8. What was your business' gross annual revenue as listed on your 2021 tax return? *

\$

9. What was your business' net income as listed on your 2021 tax return? *

\$

10. What was your business' gross annual revenue as listed on your 2022 tax return? *

\$

11. What was your business' net income as listed on your 2022 tax return? *

\$

12. Based on your answers your business may be eligible for a grant of: *

\$

D. Grant Use and Needs:

All applicants are required to complete the following section. Your answers may be used to make award decision.

1. What amount of the grant funds will be used for each of the following? Individual amounts should add up to the grant total. If you do not intend to use grant funds for one of the below sections, enter the number zero.

Payroll *

\$

Rent/Mortgage *

\$

Utilities *

\$

Equipment *

\$

Other (similar expenses that occur in the regular course of a business) *

\$

Total:

\$

2. Provide a brief description of how these funds will support the success of your business: *

3. Has your business been adversely impacted by any of the following? *

Please select...

- a. Discrimination based on race/ethnicity, gender, veteran-status or disability
- b. Civil unrest
- c. Lack of access to capital

Select all that apply. To select multiple answers, hold down the 'CTRL' key while clicking on each answer you wish to choose. This allows you to select more than one item without deselecting others.

4. Is your business majority-owned by individuals who are: *

Please select...

- a. At least 51% of the business is owned by individuals who are BIPOC
- b. At least 51% of the business is owned by individuals who are veterans
- c. At least 51% of the business is owned by individuals who are women

*for non-profits refer to the make-up of the board of directors. Example: if 51% of the board members are BIPOC individuals then the applicant would select A. Select all that apply. To select multiple answers, hold down the 'CTRL' key while clicking on each answer you wish to choose. This allows you to select more than one item without deselecting others.

E. Document Upload:

Please upload supporting documentation for a business owner who owns at least 20% of the business. For a non-profit, list a director on the Board of Directors with board appointed authority to submit this application.

Each section below accepts a single upload; PDF format is preferred. If you have multiple pages to a document, please combine them into a single PDF file before uploading.

If you are unable to merge the document pages into a single upload, click 'Add another response' to upload additional pages individually.

1. Primary Contact Identification: *

[Choose File](#) No file chosen

Document must be unexpired. Forms of ID Accepted: Driver's License or ID card issued by federal, state, or local government agencies or entities

2. Proof of Operating Business Address (ex. Utility bill, payroll, invoice, current lease): *

[Choose File](#) No file chosen

[Add another response](#)

3. 2021 Business Tax Return : Do we need to make this conditional if they were or were not in business in 2021 *

[Choose File](#) No file chosen

[Add another response](#)

4. 2022 Business Tax Return: *

[Choose File](#) No file chosen

[Add another response](#)

F. Optional Questions:

The following questions are completely optional and are not required for your grant application. The information below will not affect your eligibility or chances of receiving the grant. However, we would appreciate your responses so that we can measure how well we are reaching our equity goals for outreach and financial assistance.

1. What are the race and ethnicity of business owners who own at least 20% of the business, or of the directors on the non-profit's Board of Directors? Select all that apply.

Please select...

- White, Caucasian
- Black, African American
- Asian

2. What is your preferred language for talking to us about this grant program?

Please select... ▼

3. How did you hear about this program?

4. Did you receive technical assistance from a partner organization filling out this application?

- Yes
- No

5. Are you interested in receiving no cost assistance in planning the success of your business from a qualified small business development professional?

- Yes
- No

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After clicking submit, complete the signature page and then confirm the signature using the link in the email you will receive after signing. Grant is not signed until you confirm the signature from your email.

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reCAPTCHA helps prevent automated form spam.

The submit button will be disabled until you complete the CAPTCHA.

Submit

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Southwest Initiative Foundation is a nonprofit community foundation connecting people, investing in ideas and building communities to create a southwest Minnesota where all people thrive. Learn more at swifoundation.org.



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