

SMALL BUSINESS START-UP/EXPANSION GRANT (SBSEG) APPLICATION

**Kent County
Delaware**

**Dover Alumnae Chapter of
Delta Sigma Theta Sorority, Inc.**

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Dover, DE 19903

Phone-
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DAC of DSTSmall Business Start-Up/Expansion Grant

Grant Overview:

This grant is an opportunity for small businesses serving Kent County to access funds for licensures, permits, certification requirements, registration and other similar micro business expenses. It serves small minority owned businesses, with a preference for those owned by African American women. The grant amount will be up to \$150 each.

Grant Description:

1. Each potential grantee must complete an application. The application will include a 3rd party validation. It will also require EIN or SSN. The purpose of the grant purchase must be made within Sept 1, 2019 and June 30, 2020. Include the receipt or proof of purchase with the application for any qualifying purchase made prior to the application, but within the qualifying dates. Applications will be available May 5, 2020 and are due June 2, 2020.
2. Each potential grantee must be recommended by an agency that is or has been assisting them with proper start-up or expansion in developing or growing their business. Agencies include, but are not limited to the following:
 - a. SBDC (Small Business Development Center - www.delawaresbdc.org,
 - b. Small Business Administration - www.sba.gov
 - c. Women's Business Center - www.womensbusinesscenter.org
 - d. SCORE - www.delawarescore.org
 - d. Delaware Division of Small Business - www.DelBiz.com
 - e. DSU/DCED <https://business.desu.edu/centers/delaware-center-enterprise-development>
 - f. The Launcher Program - www.https://www.launcherde.org
 - g. Private companies or programs
3. Grantees must present evidence of purchase. (Copy of license, receipt of purchase, etc.)
4. Each grantee must complete a written commitment signed by an appropriate officer that they received the grant and will use it according to the terms. (a form will be provided)
5. Each grantee must complete reports on the use of the funds, compliance with the terms of the grant, and the progress made by the grantee toward achieving the purposes for which the grant was made. (a form will be provided)
6. Each grantee should use or cash the grant by June 30.

Organization Details:

Since 1913, Delta Sigma Theta Sorority, Inc. has clearly distinguished itself as a public service organization that boldly confronts the challenges of African Americans and, hence, all Americans. Economic Development is part of the sorority's Five-Point Programmatic Thrust. Financial Fortitude is the current national Economic Development programmatic initiative. It is comprised of ten components. The ten components include: Goal Setting, Financial Planning, Budgeting, Debt Management, Savings & Investments, Retirement Planning, Homeownership, Insurance, Estate Planning, and Entrepreneurship. Throughout the year we offer programs to share this information to our local community. This grant furthers our initiative to provide not only educational resources, but also financial resources to entrepreneurs.

Application: Small Business Start-Up/Expansion Grant

Please email your application by June 2, 2020 to econdevdst@gmail.com.

Legal Name of Business _____

DBA (if applicable) _____ EIN _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

CEO/Executive Director _____

The owner's ethnicity is: (Select all that apply) Asian Black/African Caucasian Hispanic Native American Pacific Islander Prefer not to answer Other _____

The owner's gender is: Male Female Prefer not to answer

Contact Name and Title (if not ED/CEO) _____

Contact Phone _____ Contact Email _____

Amount of Request (up to \$150): _____ Grant Payable to: _____

Summary of Grant Purpose: _____

Include the receipt/proof of purchase for any qualifying purchase made prior to the application

If selected, I agree to use the grant for the intended purpose according to the grant terms

Each grantee must have a recommendation/validation by an agency or organization assisting with proper start-up, expansion or business growth and development.

Agency/Organization _____

Contact Name and Title _____

Contact Phone _____ Contact Email _____

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Authorized Signature

Printed name of authorized signer

Authorized Use Only:

Received on _____ by _____

Validated on _____ by _____