



CENTER FOR
WOMEN IN BUSINESS
TEXAS WOMAN'S UNIVERSITY

Women's Enterprise Training and Micro Grant Program

Application

Name of Applicant:

Address:

Business Address:

Contact Person:

Telephone: ()

Website:

Email Address:

Nature of Business:

Sole Proprietorship

Partnership

Corporation

Total project budget: \$

DUNS number:

HUB certified? Yes No

If yes:

Certificate number: _____

Expiration date: _____

Status: _____

Classification gender: _____

Classification ethnicity: _____

Are you, your business, or the business' owner involved in any pending or current litigation?

Yes No



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If you own the premises where the business is located, are the property taxes on those premises current? Yes No Not applicable

Is your business current on its payroll taxes? Yes No Not applicable

Is your business current on its sales taxes? Yes No Not applicable

Company Background (please attach in a separate sheet to this document):

- a brief narrative describing the company's history
- a description of the company's current operations including products, markets, etc.
- a description of the company's current operating facilities – both owned and leased
- a summary of the company's current full and part -time employment
- a description of the company's need to undertake the proposed project

Project Information

- a project narrative
- a budget for the project, including project costs and sources of funds
- physical description of the proposed project, including any business or residential relocation which may result from the undertaking of the project
- projected new employment for each of the three years following project completion include job description
- how will your project contribute to the economy of Texas?

I HEREBY ATTEST THAT ALL OF THE REQUESTED INFORMATION THAT I HAVE PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE TERMS AND CONDITIONS SET FORTH IN THE "WOMEN'S ENTERPRISE TRAINING AND MICRO GRANT PROGRAM – GUIDELINES" DOCUMENT.

Applicant's signature

Date