



CENTER FOR  
WOMEN IN BUSINESS  
TEXAS WOMAN'S UNIVERSITY

Women's Enterprise Training and Micro Grant Program

**Application**

Name of Applicant:

Is this a new business? Yes  No

**If yes, answer questions with projected information and skip Company Background section.**

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