

Micro-Enterprise Grant Application

Printed Name _____ **Phone #** _____

Home Address:

Street _____ City, State _____, _____ Zip Code _____

Email address (if any) _____

QUALIFICATIONS (CHECK ALL THAT APPLY):

- Single mother, Age of 22-45, with children 0-12 living with you as the primary caregiver.
- Attending college, working (PT or FT each week), or have recently (within the last 12-18 months) lost your job and you are currently looking for work.
- Living in the Dayton, Ohio area (includes Montgomery and Greene County).

Do you meet all of these qualifications? Yes ___ No ___. If you answered "No", you are not eligible. **STOP HERE.**

Do any of the following conditions apply to you?

- incarcerated
- living in a rehabilitation facility or halfway house
- participating in a substance abuse program
- homeless
- sex offender (past or present)
- not able to work or attend college
- Currently live with your boyfriend or baby's father

If you answered "Yes", you are not eligible. **STOP HERE.** Please contact Samaritan Outreach at 937-716-5520 for information about other ministries in the Dayton area that could address your need.

Have you ever received support from or participated in Moms on the Move (MOMs), Car for Work Program (CWP) or any other ministries of Samaritan Outreach? Yes ___ No ___. If so, please describe your involvement: _____

Planning for Business Ownership Worksheet

Please provide a brief description of the business for which you seek grant funding.

Describe the progress you have already made toward owning your own business, and the amount of money you have already invested in it.

How much money are you seeking from the MOMs Micro-Enterprise/Education grant fund?
\$_____. If approved, what will you use the money for?

Briefly identify the following:

- Main product or service

- Target market

- Geographical territory/boundaries

- Obstacles (financial, time, health problems, legal issues, lack of human resources, etc.)

- Licenses/certification required

- Business partners needed (if any)

- Major monthly business expenses

- Current monthly income from the business

- Expected future income once your business is established

Have you taken business courses in college? Yes ____ No _____. If so, what courses have you taken?

Do you have a written business plan? Yes ___ No _____.

If employed, will you need to quit your job to run your business successfully? Yes ____ No _____

As you become more and more successful, how can you best serve the following?

- Struggling single moms

- Your family

- Community and/or church

If your request for funding is approved, what immediate impact (i.e., within the next 4 months) will it have on your business?

Beyond grant funding, can you think of anything else that we (MOMs ministry and Samaritan Outreach) can do to help you reach your goals?

Printed Name: _____

Signature: _____

Date: _____

Note: Samaritan Outreach Steering reserves the right to select participants, determine the number of participants, and designate how funds will be used and dispersed. Moreover, they will oversee the administration of all grants, in-kind gifts, and reserve funds. Please be advised that applicants who deliberately falsify information will be disqualified from the program. **Privacy Act Waiver:** Upon signing this application, the applicant gives Samaritan Outreach permission to seek or share pertinent information for processing the application and promoting the ministry.