



DMPED Small Medium Business Growth Fund 2023: ***Grant Application***

The SMB Growth Fund is a program that will offer grants aimed to retain and expand district-based small businesses by supporting large scale innovative projects that utilize capital improvements, large equipment purchasing, and technological advancements within experiential retail, professional services, health technology, incubation, green innovation and immersive entertainment.

PLEASE ENSURE YOU ARE ELIGIBLE FOR THIS GRANT BEFORE SUBMISSION.

For more details on requirements and eligibility, please click on the link below:

[SMB Growth Fund Resources and Information](#)

Are you unsure about your eligibility? [CLICK HERE TO REVIEW](#)

Please note: IF YOU START THE APPLICATION AND THEN LEAVE THE PAGE, IT WILL NOT SAVE. So please only begin the application here when you are ready to submit. We recommend you have the answers to the questions prepared beforehand, so you can just copy them into the application to submit.

Contact Information

First Name *

Last Name *

Email *

Phone Number *

Mobile Phone Number *

Address (Home) *

City (Home) *

County (Home) *

Please Select

State (Home) *

Please Select

Zip Code (Home) *

Demographic Information

Wacif is committed to inclusion, equity, and creating economic opportunity. The following information is being collected as an opportunity to provide you and your business/nonprofit with new resources (small business funding, services, and programs), and **will not impact your ability to access any of Wacif's or DMPED's programs and services.**

Gender *

Please Select

Preferred Pronouns *

Please Select

Race *

Please select all that apply

☐ Asian

☐ Black or African American

☐ Hispanic, Latino, or Spanish

☐ Middle Eastern or North African

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

☐ Prefer not to say

Are you part of any of these populations? (check all that apply) *

OPTIONAL

☐ Disabled

☐ Immigrant

☐ LGBTQ+

☐ Limited English Proficiency

☐ Returning Citizen

☐ Refugee/internally displaced

- ☐ Other
- ☐ None
- ☐ Prefer Not To Say

Business Information

Business Year Established *

Type "N/A" if the business has not been established

Are you the business owner? *

- ☐ Yes
- ☐ No

Is this business currently operating? *

- ☐ Yes
- ☐ No

Minority Owned *

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say
- ☐ Not Applicable

Woman Owned *

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say
- ☐ Not Applicable

Veteran Owned *

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say
- ☐ Not Applicable

Please note your business address and your home address cannot be the same.

Address (Business) *

City (Business) *

County (Business) *

Please Select

State (Business) *

Please Select

Zip Code (Business) *

Business Website

If no business website, enter "N/A" below

www.example.com

Industry (NAICS) *

In what industry does your business operate? [Click here to find your NAICS Code.](#)

Please Select

Number of Full-Time Employees *

Please write any full-time employees and contractors including yourself if applicable

Number of Part-Time Employees *

Please write any part-time employees and contractors including yourself if applicable

Annual Revenue 2022 *

Use the following format: "15000000". Numbers only.

Annual Expenses 2022 *

Please use numbers only.

Business Structure and Certifications

State of Incorporation *

Please Select

**Employer Identification Number (EIN) ***

11-1111111

Business Type *

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Liability Company (LLC)
- ☐ C-Corporation
- ☐ S-Corp
- ☐ Nonprofit
- ☐ Limited Cooperative Association (LCA)
- ☐ Other
- ☐ Not applicable
- ☐ Unregistered Business

Have you received funding from any other DMPED grants? *

- ☐ Safety and Health Protective Equipment
- ☐ Great Streets Retail Small Business
- ☐ DC Locally Made Manufacturing
- ☐ Neighborhood Prosperity Fund
- ☐ Small Medium Business Growth Fund
- ☐ No
- ☐ Other

Local and Federal Government Certifications *

- ☐ Certified Business Enterprise (CBE) by DC DSLBD
- ☐ Disadvantaged Business Enterprise (DBE) by US DOT
- ☐ Minority Business Enterprise (MBE) by NMSDC
- ☐ Women Owned Small Business (WOSB) by SBA
- ☐ Historically Underutilized Business (HUB) Zone by SBA
- ☐ SBA 8(a) Certification
- ☐ Small, Women-owned, and Minority-owned (SWaM) Business by VA SBSD
- ☐ Local Disadvantaged Business Enterprise (LDBE) by MWAA
- ☐ Airport Concessions Disadvantaged Business Enterprise (ACDBE) by US DOT
- ☐ Other
- ☐ No Certifications

Application Questions

3 Sections | 8 Questions

PART 1 of 3: Project and Business Summary [40 Points]

Business Name *

Please describe your business with specifics about function, industry, and size: *

150 - 300 words

What is Your Project Name? *

Requested Funding Amount *

Use the following format: "50000"

0

Please describe the project you are proposing:

- What are the goals of this project?
- What is the expected outcome of your project?

*

400 - 600 words

Describe how your project is sustainable and effective? *

150 words

Please describe your project timeline, what the major milestones are, and when it will be complete: *

150 - 300 words

Describe which of the following options your project fulfills? *

- ☐ Green Innovation
- ☐ Experiential Retail
- ☐ Immersive Entertainment
- ☐ Health Technology
- ☐ Professional Services
- ☐ Incubator
- ☐ Other
- ☐ None of the Above
- ☐ Market

How does your project fulfill the category you chose above? *

150 - 300 words

We define business growth as the process of growing a business to expand its capacity through the following ways:

- Building its workforce
- Upgrading technology so that it can engage in other markets.
- Building up its infrastructure so that the business can be sustainable.

How will your project contribute to your business growth? *

250 - 500 words

Please upload a staffing plan, similar to the template below, for each team member. Then upload them all together in one document:

- Name
- Title
- Description of Related Expertise (*3-4 sentences per member*)
- Project Role Description (*2-4 sentences only*)
- Time Allotted on the Project

	A	B	C	D	E	F	G
1	SMB Fund: Project Staffing Plan						
2		Name	Title	Description of Related Expertise	Project Role Description	Time Allotted on the Project	
3	Team Member #1						
4	Team Member #2						
5	Team Member #3						
6	Team Member etc.						
7							
8							

You can see our Project Staffing Template above as an example and access this on our [Resources Page Here](#).

Please upload your Project Staffing Plan below, similar to the above template, describing each person's role in the project. Please do not upload a resume. *

Choose Files

No file chosen

PART 2 of 3: Impact

[80 Points]

How will your project impact and foster collaboration in your community and/or neighborhood?

*

400 words

Will this project provide an essential amenity to the area? *

150 words

Please include one letter of support from a community member attesting to this project.

Note that it cannot be from a Council Member. *

Choose File

No file chosen

Please describe your businesses' commitment to maintain existing staff and hire DC residents and report how many jobs will be created from your project. *

150-300 words

Do you currently employ any returning citizens or people with disabilities? *

Please Select

Will your business hire people who have historically experienced challenges to employment, specifically returning citizens and people with disabilities? *

100-200 words

How will your project contribute to innovation in your industry and/or propel DC to become a leader in this industry? *

100-200 words

Will this project help your business compete nationally? *

100-150 words

Is your business solving a problem or filling a gap? *

100 words

Part 3 of 3: Financial Viability
[10 Points]

Please upload the following 7 attachments below:

1. Your DC Business License *

Choose Files

No file chosen

2. Contractor Quotes *

Minimum of 2

Choose Files

No file chosen

3. Three Years of Annual Balance Sheets *

If Business is less than 3 years old, upload all of the years you have

Choose Files

No file chosen

4. Income Statement/Profit and Loss Statement for the past 3 years *

If Business is less than 3 years old, upload all of the years you have

Choose Files

No file chosen

5. 2022 Business Tax Return*

*If you have been operating less than one year, please upload 3 years of personal taxes in lieu. *

Choose Files

No file chosen

6. Photos that you think would help describe your project *

Choose Files

No file chosen

7. Itemized Project Budget

This should include:

- Specific Item
- Cost

- Description
- Why is it needed?

Please also upload here: *Any Other Financial Documents Relevant to the Project You'd Like to Share (that haven't already been uploaded)* *

Choose Files

No file chosen

You can see our Itemized Project Budget Template below as an example and access this on our [Resources Page Here](#).

	A	B	C	D	E	F	G	H
1	SMB Fund: Project Budget Template							
2		Item Name	Description	Why is it Needed?	Project Expenses	Owner Contribution (\$)	Amount Requested (\$)	
3	Item #1							
4	Item #2							
5	Item #3							
6	Item etc.							
7								

Does your project have other sources of funding? Describe what they are and how much funding they will contribute towards your project.

*

100 words

Attestation

- ☐ By submitting this form, I attest that, to the best of my knowledge, all information in the above referenced form is accurate and complete. *
- ☐ Furthermore, by submitting this form I attest to my understanding that this form is not an application for any of Wacif's loan products. *

Thank you for your interest in the SMB Fund!
We will be in touch shortly with next steps.

protected by reCAPTCHA

Privacy - Terms

Submit