

# GUMA I BISINUN MAMI MICRO GRANT APPLICATION



Instructions: *This application form must be filled out and submitted to GUMA at the Galaide Group Office: 135 Chalan Santo Papa, Hagatna, Guam 96910 or Emailed to [info@gumaguam.com](mailto:info@gumaguam.com) or Faxed to 671-646-3449. Information submitted will be held in strictest confidence. The GUMA Selection Committee will evaluate all completed applications and determine micro-grant awards. This program is made possible through grant funding provided in part by the Office of the Governor, the 36th Guam Legislature and the Guam Economic Development Authority. For more information, please visit [www.gumaguam.com](http://www.gumaguam.com).*

**Deadline for Submission:**

Date of Application: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

**CURRENT BUSINESS INFORMATION**

Type of Business:     Corporation                       Partnership                       Sole Proprietorship  
 Other (Please Specify): \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owners: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Location (as shown on your business license): \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Include a brief description of your business. Submit company brochures and literature if available.

Date Business Was Established: \_\_\_\_\_

**PRODUCT DESCRIPTION**

Please provide a description of the product or service you are proposing for the GUMA Micro-Grant Program.

Please list the retail prices or rates of your product or service and how they compare to your competitors.

**PRODUCT DESCRIPTION CONTINUED**

Please list how many units of product or hours of service you expect to sell in the next 12 months.

What would you use micro-grant funding for? Please describe how this will help your business grow.

**FINANCIAL INFORMATION**

Please indicate how much of your own money you have invested in your business and for what types of expenses or assets. Include the value of in-kind contributions.

Please indicate your projected revenues and expenses for one month. (Yearly amounts will be calculated.)

	<b>Month</b>	<b>Year</b>
Revenues		
Cost of Sales		
<b>Net Revenues</b>		
Salaries & Wages		
Rents		
Utilities		
Professional fees		
Repairs		
Supplies		
Other operating costs		
<b>Total Expenses</b>		
<b>Net Income</b>		

Please summarize how you will spend micro-grant funds. (The maximum award is \$3,000.)

	<b>Amount</b>
Equipment for production	
Raw materials for production	
Inventory (produced by a third party)	
Marketing, Advertising & Promotion	
Subscriptions and other business expenses	
<b>Total micro-grant funds requested</b>	



**MICRO-GRANT ELIGIBILITY AND ADDITIONAL INSTRUCTIONS**

1. Applicants must have a current Guam business license at the time of application.
2. Applicants must have completed the GUMA I Bisinun Mami (IBM) Training Program (6 hours).
3. The maximum micro grant award possible is \$3,000.
4. If awarded, the applicant will be required to sign a contract with GUMA.
5. Upon execution of a contract, GUMA will issue a check to the grantee equal to 75% of the award amount.
6. Grantee must spend the funds according to the approved purchase schedule in the contract.
7. Grantee must return valid receipts for all expenditures equal to 75% of the award amount in order to receive the remaining 25% balance of the grant award.
8. Grantee must return valid receipts for all expenditures equal to 25% of the award amount in order to close the contract and remain in good standing for future funding opportunities.
9. All grantees must agree to provide status updates of their business progress upon request for up to two years after completing the grant contract.

**APPLICATION CHECKLIST AND CERTIFICATIONS:**

*In order for your application to be complete, applicants must submit required documentation and certify the following:*

- All sections of this application must be completely filled out
- Current Guam business license
- Supplier Quotations (3 quotations required for each item)
- By submitting this application you certify that all the information provided is true and correct to the best of your knowledge and that you understand that this is a competitive grant process wherein GUMA evaluates applications based on merit and need and makes no guarantees, expressed or implied, of selecting your application for award.

Print	Signature	Date
-------	-----------	------