**AMERICAN SAMOA BUSINESS RECOVERY CAPITAL PROGRAM**

**GRANT APPLICATION**

|  |  |  |
| --- | --- | --- |
| **SECTION 1: APPLICANT INFORMATION** | | |
| **Last, First Name, Middle Initial** |  | |
| **Business Name** |  | |
| **Business Address (PO Box and Village)** |  | |
| **Home Address (PO Box and Village)**  **(if different from Business Address)** |  | |
| **E-mail and Website (if any)** |  | |
| **SECTION 2: GRANT PROPOSAL**  **Please provide written details using template in Appendix A** | | |
| Attach your project narrative to this form | | |
| **SECTION 3: SUPPORTING DOCUMENTS**  **Please attach copies for the following documents** | | |
| Two Forms of Valid ID (Drivers License, Passport, Government ID, etc.,) | | |
| Business License 2022 | | |
| ACH Information (TIN/EIN/SSN, Account Type, Account Number, Routing Number) Include info Appendix A attachment | | |
| Voided Check or Bank Statement (Account Info Confirmation) | | |
| **SECTION 4: CERTIFIED STATEMENT** | | |
| The undersigned acknowledges and understands that the program relies on the required information for final decision-making. The undersigned represents and warrants that the information provided on this application is correct and complete and agrees to notify the program immediately in writing of any change in name, address, terms and conditions or employment and of any material adverse change.  In the absence of this notice or a new and complete written statement, this shall be considered as a continuing statement and substantially correct. The program is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained on this application and to determine credit worthiness of the undersigned. The undersigned shall also provide updated financial information when requested.  The program shall not discriminate on the basis of race, color, national origin, gender, or any other prohibited basis under the Federal Civil Rights statutes. A credit decision should be made within 30 days upon receipt of a completed application. If approved or disapproved, you will be notified in writing. A counteroffer would be done within 90 days. | | |
| **Signature: Applicant First and Last Name**  (Print and Sign) | |  |
| **Date:** | |  |

**Note: Please submit your completed application and required documents to** [**brcp@doc.as.gov**](mailto:brcp@doc.as.gov)**.**

**APPENDIX A**

**PROJECT TITLE**

(Insert a brief title that best describes your project)

**Project Description**

(Describe how this grant will help your business recover from the impacts of COVID-19 or how this funding will create a new business opportunity that is deemed COVID-19 ready)

**Purpose and Key Anticipated Outcomes**

(State the primary purpose of your proposal and what you hope to achieve)

**Total Budget**

(use the following table (sample) to breakdown your proposed project)

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Categories** | **Description and Quantity** | **Total Amount** | |
| **Supplies** | Stock up more supplies | $10,000 | |
| **Contractual Services** | Create online store | $10,000 | |
| **Equipment** | EFTPOS Machine and Online Payment Portal Fees | $5,000 | |
| **Total** |  | **$25,000** | |
|  | | |  | |

**Timeline / Award Period**

(Tentative timeline for project implementation by quarterly segments. Estimate the progress of activities within a 2-year period or less, depending on your project needs)

Below is an example:

1st Quarter - Prepare invoices for payment processing

2nd Quarter - Open online store services