

San Francisco Women's Entrepreneurship Fund Grant Application

The San Francisco Women's Entrepreneurship Fund (SFWEF) provides mini-grants of up to \$5,000 to San Francisco women-owned small businesses for projects and upgrades that will have a transformative impact on the business' ability to grow. The Fund is established to improve the small business environment for women entrepreneurs in San Francisco and encourage collaboration between women entrepreneurs and local technical assistance providers. Application requirements:

1. Complete, sign and submit this form along with a signed recommendation letter from an approved technical assistance provider.
2. Attach a copy of a full Individual Business Development Action Plan (IBDAP) and an SFWEF Action Plan with the technical assistance provider.
3. Attach any invoices, estimates, or designs available that pertain to the proposed project, if applicable.
4. Attach a copy of the applicant's business license.

Business Name: _____

Business Address: _____

Business Owner(s): _____

Business Owner(s) Contact (cell #): _____

Business Owner email: _____

Business Website (full URL): _____

Business Ownership: 100% Female Owned Co-owned: Female % Male %

Business Start Date ___/___/___

Total lifetime sales since starting \$_____

Describe in detail what your business or product is. _____

ELIGIBLE PROJECTS

Please briefly describe the project that funds will go toward, including total project costs and requested amount. (Please note: maximum grant size is \$5,000.) Projects eligible for funding consideration should entail investments in one of the following:

- Business operations improvements: marketing, financial/accounting, new equipment and/or technology, trainings, networking
- Visual merchandising, space improvements, and marketing: window displays, lighting, signage, layout improvements, design changes, online marketing, trade shows, other marketing and customer acquisition opportunities

What stage is your company in? (Circle One)

Start-up

Shipping/Live

Growth

Established

Expansion

What was the gross income from your business last year? \$_____

What was the net income from your business last year? \$_____

REQUESTED ITEMS FOR FUNDING

Items Requested for Funding	Purpose	Vendor or Fund Receiver	Estimate Expense
1)			
2)			
3)			
4)			
5)			
Total			

CRITERIA FOR DETERMINING FUNDING AMOUNT

All eligible applicants will be invited, on a rolling basis, to pitch their project proposal to the San Francisco Women's Entrepreneurship Fund Committee, which holds monthly pitch nights. The committee will provide feedback to all applicants who participate and make determination of fund awards. The review committee shall base funding awards and amounts on the following criteria:

- Potential for business growth and expansion due to the project
- Capacity and expertise of the entrepreneur
- Quality of relationship with technical assistance provider
- Feasibility of the project
- Impact of the grant award on the project success

NEXT STEPS

Upon verification that the applicant meets all eligibility criteria, Mission Economic Development Agency (MEDA) will invite the applicant and technical assistance provider to pitch their project proposal at an upcoming monthly pitch night. To be eligible for a pitch night in a given month, the proposal must be received by the 1st of the month.

Eligibility Checklist: This checklist will determine your eligibility for participation in the San Francisco Women Entrepreneurship Fund.

- I am a woman-owned small business operating full-time in San Francisco; and
- I have a current, active relationship with an approved technical assistance provider; and
- I have completed 3 months and a total of at least 8 hours of consulting with the technical assistance provider; and
- I am committed to continue working with the technical assistance provider for at least the next 6 months to implement the action plan, which will outline achievable goals and the steps that will be taken in order to accomplish these goals; and
- I am willing to document and report economic impact achieved as a result of the program, such as, but not limited to, increased sales, access to new markets, improved financial management, adoption of a formal accounting system, increased web presence and branding, and adoption of new technologies.
- I have a current lease with at least 18 months remaining (if applicable).

SIGNATURES

We/I, Business Owner(s), of _____, assert that we/I meet the above eligibility requirements. We/I understand that this is a competitive award process and that an invitation to pitch a proposal is not a guarantee of funding. We/I also understand that, if awarded, we may be asked to provide invoices or other documentation related to our project.

Business Owner Printed Name

Signature

Date

Business Owner Printed Name

Signature

Date

We, _____, an approved technical assistance provider, do hereby affirm that the applicant meets all eligibility requirements, including having worked with us for at least 3 months and received a total of at least 8 hours of consulting.

Technical Assistance Representative Printed Name

Signature

Date

