# MINORITY BUSINESS ASSISTANCE

MINORITY-OWNED BUSINESS ASSISTANCE (MOBA) GRANT

# **MOBA GRANT APPLICATION FORM**

The City of La Crosse, through the generous support of the La Crosse City Council, Economic Development Commission and Planning Department will provide funds to assist the growth of businesses owned by individuals from disadvantaged groups in the community. The grant is available to current and prospective businesses located in the City of La Crosse. This grant program is supported by the Small Business Development Center (SBDC), Couleecap, and Wisconsin Women's Business Initiative Corporation (WWBIC).

ADDITION INCODMATION

AFFLICATE INTORVINATION		200 700 2002			
Name(s) Jennifer Barney	Telephone 608-780-3982				
Current Address N252 Lisa Lane	Email Address meringuelacrosse@gmail.com				
City Stoddard	State WI	Zip <u>54658</u>			
BUSINESS OWNER INFORMATION					
Name(s) Jennifer Barney	Teleph	one <u>608-780-3982</u>			
Years Owned 4	_ Type of Ownership_ <u>LLC</u>	· · · · · · · · · · · · · · · · · · ·			
Current Address N252 Lisa Lane	Email Add	ress meringuelacrosse@gmail.com			
City Stoddard	State WI	Zip_54658			
Business Owner(s) are (check all that apply):					
African-American	Hispanic-American	x Woman			
Asian-Ameri	can Native-An	nerican			
*Other individuals may also qualify as socially ar	nd economically disadvantaged on a case	-by-case basis.			
<b>BUSINESS &amp; PROJECT INFORMATION (costs</b>	must be verified by written estim	ates from contractors)			
Name of Business Meringue LLC	Project Applicant	t's Name Jennifer Barney			
Business Address 313 Main Street					
City La Crosse	State WI	Zip 54601			
Type of Business Bakery cafe and retail	Telephone 608-780-3982				
Type of Project (check all that apply):					
x Machinery/Equipment	Feasibility study	Patent, copyright, or trademark			
Product development	Technology develop	ment Other			
		-			
Please review the Eligibility Requirements on p	age 2 of the Application Mate	rials and check appropriately:			
,					
I have reviewed, understood, and will o	comply with all requirements li	isted under this grant program.			
1 - D		g p			
Business Owner's Name Jeh Barn	ay				
		1 1- 10			
Signature	Dat	e 10/31/2019			
FOR CITY USE ONLY:					
Application Data	A				

## **MOBA GRANT**

Please check each line to indicate acceptance of the eligibility requirement. Work that does not comply with the

#### **ELIGIBILITY REQUIREMENTS**

eligibili	ty requirements is subject to reduction or retraction of award.
<b>/</b>	Business must be a private enterprise with no more than 50 employees.
	Only work begun after the grant application has been submitted and approved will be eligible for a grant.
	Business established or to be established must be located in the City of La Crosse.
	Business must be an enterprise owned by an individual(s) from a disadvantaged demographic, which is
	51% owned and operated by an individual(s) from one or more of the following groups: African
	Americans, Hispanic Americans, Native Americans, Asian Americans, and Women. Individuals that do not
	identify in these groups should submit a statement attached to this application explaining their
,	economic/social disadvantage.

Applicant must be able to document access to additional sources of funding beyond this award, including business revenues, other grant programs, loans, and personal capital that will support business growth.

The following items should be attached for the completion of this application	The following	items should b	e attached fo	or the com	pletion of	this application
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- 1. \_\_\_\_ Project Scope: A 1 page narrative describing the specific opportunity being pursued, along with key assumptions of the project, its market, and reason for grant request.
- 2. V Project Budget: An itemized list of sources and uses of funds, both current potential. Sources of funds may include applicant's cash, loans, and/or revenues gained from project. Documentation verifying other sources of funds should be provided.
- 3.  $\sqrt{\phantom{a}}$  Project Income Statement: An itemized list of revenues and expenses expected for this project on a monthly basis for one year.
- 4. \_\_\_\_\_ Project Work Plan: An itemized list of activities and major milestones anticipated along with a timeline or schedule of when each activity will be achieved within a year.
- 5.  $\underline{\bigvee}$  Business Ownership/Control: A brief description of the type and level of ownership and control must be provided for all principal owners/operators of the business.
- 6.  $\sqrt{\phantom{a}}$  Business Plan: A business plan outlining the overall mission and scope of the business.

### **RELEASE OF INFORMATION**

I hereby authorize the City of La Crosse permission to share all application materials with committees and members who will be reviewing my application. I acknowledge that information provided to the City may be released as part of the program requirements and in the reporting and promotion of the program.

#### **CERTIFICATE**

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Name	Jen	Bany	,				
Signature _	$\bigcirc$	2		Date _	16-31-	2019	

For questions and more information:

Andrea Schnick, Economic Development Planner, City of La Crosse (608) 789-8321 schnicka@cityoflacrosse.org