

Please email to: submissions@lendinero.com

OWNER INFORMATION / INFORMACION DEL PROPIETARIO

First Name : _____ Last Name: _____ Cellular No: _____
Email Address: _____ Date of Birth (Fecha Nacimiento): _____
Home address: _____ City _____ State: _____ Zip Code: _____
Are you acting on behalf of yourself or someone else? [] myself [] someone else
Está actuando por su propia cuenta o hay otra persona representando a Ud.? _____

OPERATIONAL BUSINESSES / NEGOCIOS EXISTENTE

Business Name (Nombre del negocio): _____ Business Phone: _____
Type of structure (estructura del negocio): [] sole proprietor [] DBA [] L.L.C [] Inc. [] Corp.
Business address: _____ City _____ State: _____ Zip Code: _____
Website (Sitio web): _____ Facebook Page: _____
Industry (Industria): _____ Years in Business Años en operacion : _____
Products and services you sell? *Productos y servicios que vende* _____

Monthly revenues *Ingresos mensuales*: \$ _____ EIN Number : _____
Do you own 100% of the business? *Ud. Es 100% propietario ?* [] Yes [] No if now what % you own? _____
What are the biggest challenges your business faces currently? *Cuáles son los reto más grande que su negocio tiene en este momento.*

***Please attach the last 4 months of business bank statements, when submitting this grant application. Proveer los últimos 4 meses de extractos bancarios del negocio cuando somete esta solicitud.**

START-UP BUSINESSES / NUEVOS NEGOCIOS INICIANDO

Have you registered your company with the State? *A registrado su negocio con el estado?* [] Yes [] No
If you have registered your business, please provide business name or proposed name: _____
Si ya registro su negocio, favor proveer nombre del negocio, nombre que propone nombrar su negocio.
Do you have your business on social media and if yes what platform? _____
Tiene su negocio en las redes, que Plataforma.
What do you plan to sell or company description? *Descripción del negocio que va a iniciar o que va a vender.*

What are the biggest challenges your business faces currently? *Cuáles son los retos más grande que su negocio tiene en este momento.*

***Please provide a 6 month projected profit to loss statement if you have it. Proveer una proyeccion ingresos/egresos de 6 meses**

USE OF FUNDS / COMO PLANIFICA UTILIZAR EL DINERO

How will you use the grant money for your business, or can you use this money to pay for some existing expenses?
Como va utilizar el dinero o pudiera utilizar el dinero para pagar gastos existente, explicar como utilizar el dinero.

TECHNICAL ASSISTANCE AND RESOURCES / RECURSOS Y ASISTENCIA TECNICA

Which of the following could your business benefit from? Please place 1 to 6, 1 being highest importance. *¿Cuál de los siguientes servicios pudiera beneficiarse su negocio? colocar 1 al 4, 1 siendo de mas importancia.*

[] Financial Management (administración financiera)	[] Business Mentor & Advice (consulta y mentor negocios)
[] Legal Assistance (asistencia legal)	[] Financing (financiamiento)
[] Getting clients (obteniendo clientes)	[] Selling online (vendiendo en línea)

SIGNATURE AND DISCLOSURE

Print Name _____ Signature or Initial Digital _____ Date _____

The Business Applicant & Principal (s), person (s) or entity signing this Application Form ("Signer") certifies that all information is true, correct and complete and authorizes The Lendinero Hispanic Business Foundation to verify information on this application as it may deem necessary and give authorization to obtain information from third parties. Each signer acknowledges that additional information may be required to render a decision on this application. Signature agrees to these terms/conditions. Also, by filling out this application our foundation makes NO promises that we will award a grant. Not all applicants will receive grants. We process grant applications accordingly to our deadlines and review applications. Also, if we run out of funds, we cannot grant grants.