

# ALASKA MENTAL HEALTH TRUST AUTHORITY MICRO ENTERPRISE GRANT APPLICATION

**Please thoroughly read the Micro Enterprise Fund Policies and Procedures prior to completing this application.**

If you are  
requesting  
\$500 - \$1,000:

You are required to submit this application and this supporting documentation:  
Proof of Mental Health Trust Authority Beneficiary Status  
Documentation of your dollar for dollar match  
If a portion of your match is from DVR: proof of DVR approval  
Quotes and Specification sheets for items awarded funds will purchase

If you are  
requesting  
\$1,001 - \$10,000:

You are required to submit this application the the following supporting documentation:  
Proof of Mental Health Trust Authority Beneficiary Status  
Documentation of your dollar for dollar match  
If a portion of your match is from DVR: proof of DVR approval  
Quotes and Specification sheets for items awarded funds will purchase  
Business Plan including the following: description of business, operating plan, financial management plan, feasibility research, profit and loss (3 yrs), cash flow (3yrs), marketing plan.

\*see policies and procedures for more detailed information. You are responsible for reading the policies and procedures and ensuring your application is complete.

Contact  
Information:

**Larrisa Cummings**  
UAA Center for Human Development  
2702 Gambell St., Suite 103  
Anchorage, AK 99503  
1-800-243-2199 (Toll Free)  
1-907-264-6279 (Anchorage)  
1-907-274-4802 (Fax)  
megrant@alaskachd.org (Email)

Submit your Application and supporting documents via email , fax, US Postal Service, Fed Ex, or UPS. **ALL** documents and the completed application **MUST** be **received on or before 12 pm (noon)** on the day of the deadline.

Name of Applicant:

Date:

Address:

Home Phone:

Cell Phone:

Email Address:

Name of Business:

Address:

Phone:

Email Address:

*I certify that I have read and understand the Policies and Procedures of the Alaska Mental Health Trust Authority Microenterprise Grant.*

Please mark:            I agree  
                                  I disagree

1) I qualify as an Alaska Mental Health Trust Beneficiary

Choose all that apply:            Mental Illness  
    Developmental Disability  
    Chronic alcoholism and psychosis  
    Alzheimer's disease or related disorders  
    Traumatic head injury resulting in permanent brain damage

**\*\*Please attach proof of beneficiary status with this application\*\***

2) Have you been awarded a Micro Enterprise grant previously?

Select one:            Yes  
                                  No

If yes, what was the total amount awarded cumulatively over all awards?

Enter amount:

3) What grant amount are you applying for?

\*Please note that this amount may not exceed \$10,000 including previous award amount listed above.

Enter amount:

4) Are you a client of DVR (Division of Vocational Rehabilitation) and/or TVR (Tribal Vocational Rehabilitation)?

yes      no

\*\* If "yes", please attach a signed DVR/TVR Release of Information form here.

5) What will you use the funds for?

Select one:      Starting a new business  
                         Expanding my current business  
                         Acquiring an existing business

6) Do you have a business license?  
(If yes, please include a copy with your application)

Select one:      Yes  
                         No

**\*\*Please attach the business license copy with this application\*\***

7) **Please attach a copy of your resume with this application**

For questions 8 - 19 below summarize the information contained in your business plan if applicable. If you reference your business plan rather than summarizing information below your application will be **incomplete** and **not reviewed by the committee**. During your summary you may reference page numbers in your business plan if committee members require additional information.

**Use additional page(s) if you need more room. Please include the question number for each question you are adding additional information.**

8) What is your business idea? Briefly describe what products or services your business will sell.

Answer:

9) What is your operating plan? Briefly describe location, hours of operation, equipment and supplies needed, key personnel, total number of employees, inventory and products or services sold etc.

Answer:

10) What is your financial management plan? Who will be responsible for the business accounting? Briefly describe how you will document the financial progress of your business; manage payables, receivables, taxes etc.

Answer:

11) Who are your target customers?

Answer:

12) Who are your competitors?

Answer:

13) What marketing strategies do you plan on using to promote your business?

Answer:

14) Do you plan for your business to be your:

Select one:      Primary source of Income  
                         Supplement your income

15) Are you receiving disability benefits either SSI, SSDI, or both?

Select one:      Yes  
                         No  
                         N/A

If YES, it is highly recommended that you contact an expert to help you develop a plan to manage your Social Security Benefits and report Net Earnings from Self-employment.

## **Alaska WIPA Project**

Larrisa Cummings

(907) 264-6279

[larrisa@alaskachd.org](mailto:larrisa@alaskachd.org)

16) Explain why you believe your business will succeed and how the requested funds will affect the outcome.

Answer:



17) How will you use the funds you are requesting?

Please list each vendor only once with the total amount of the costs for that vendor. You do not need to list each item from the same vendor individually. Include documentation for all items.

**EXAMPLE**

Item/Service: Office Supplies

Vendor: General Store

Cost + S&H: \$47.65

Vendor Contact: General Address, 555-1212

**\*\*Important: You must attach documentation from each vendor with this application\*\***

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Item/Service 1:

Vendor 1:

Cost + S&H 1:

Vendor Contact 1:

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Item/Service 2:

Vendor 2:

Cost + S&H 2:

Vendor Contact 2:

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Item/Service 3:

Vendor 3:

Cost + S&H 3:

Vendor Contact 3:

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Item/Service 4:

Vendor 4:

Cost + S&H 4:

Vendor Contact 4:

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Item/Service 5:

Vendor 5:

Cost + S&H 5:

Vendor Contact 5:

---

Item/Service 6:

Vendor 6:

Cost + S&H 6:

Vendor Contact 6:

---

Item/Service 7:

Vendor 7:

Cost + S&H 7:

Vendor Contact 7:

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Total Amount  
Requested:

18) How are you matching the funds requested above?

\*\*Please note the amount here in Q18 must be greater than or equal to the total amount listed above in Q17.

**\*\*Important: You must attach documentation from each vendor with this application\*\***

Match Amt 1:	Provided by 1:
Match Amt 2:	Provided by 2:
Match Amt 3:	Provided by 3:
Match Amt 4:	Provided by 4:
Match Amt 5:	Provided by 5:
Match Amt 6:	Provided by 6:
Match Amt 7:	Provided by 7:
Match Amt 8:	Provided by 8:
Match Amt 9:	Provided by 9:
Match Amt 10:	Provided by 10:

Total Match  
Amount:

**Now, please share with us information about your support team who will help you succeed in your business plan.**

19) Please list the members of your business support team and their roles below.

Name 1: Agency 1:

Role 1:

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Name 2: Agency 2:

Role 2:

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Name 3: Agency 3:

Role 3:

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Name 4:

Agency 4:

Role 4:

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Name 5:

Agency 5:

Role 5:

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Name 6:

Agency 6:

Role 6:

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Name 7:

Agency 7:

Role 7:

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Name 8:

Agency 8:

Role 8:

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Any additional information you would like to share with the review committee, please note below.

Additional  
Information

Please attach any additional documents pertaining to your request here.

**If you are requesting more than \$1,000 attach your business plan, profit and loss statement, and cash flow statement as required.**

By signing, I verify the truthfulness and accuracy of all of the information in this application.

Name (typed  
or printed)

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Signature of Applicant

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Date

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Name (typed  
or printed)

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Signature of Legal Guardian (if applicable)

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Date

Please include any additional information needed from Questions 8 - 19 below. Remember to include the question number for each question you are adding additional information.

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Name of Applicant: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

## ME Grant Checklist For Applicants

### Required Documents for ALL applications:

- If previously awarded a ME Grant, list amount previously awarded below otherwise say N/A.
  - o Amount of previous award: \_\_\_\_\_
- Proof of Beneficiary Status
- Business license \_\_Yes \_\_No (if yes, be sure to include a copy – if No, then it should be an item you request)
- If business is other than single proprietorship – include legal documents listing names of all business owners/partners.
- All questions answered
- Resume included
- Requested items** (Checks are issued to Vendors – **make sure vendors listed will accept checks**)  
For items or service requested it is required that the applicant provide an estimate/quote.
  - Include documentation or specifications from the Vendor for items/services requested
  - Verify dollar amounts for items/services match the documentation **precisely**
  - DO NOT ROUND AMOUNTS - List them accurately (ie. \$8.98 not \$9.00)
  - Vendor Contact Information: Name, address, telephone, (**local** vendors preferred or make sure vendor will accept a check as form of payment – we do not award funds via credit or debit card at this time)
  - Verify the **total** amount requested is accurate
- Match items** (Dollar for dollar match is required – contact Larrisa if you have questions about this)
  - \*If items are 1 year or less from date of purchase: Receipt or Bill of Sale is acceptable*
  - \*More than 1 year old, it is assessed at current market value, not replacement value unless purchased by DVR, TVR, or other partner agency. Must have documentation to show current market value*
  - Provide documentation of value (Receipts – **do not** use banks statements)
  - Verify that dollar amounts listed on the application match the documentation
  - **If** DVR funding: DVR Release of Information signed (ROI)
  - **If** DVR Funding: **prior** approval from DVR (must signed IPE)
  - Verify **total** amount is accurate and documents are clearly marked (store/vendor, item, date, amount)
- Applicant Signature & date

### Additional Documentation Required if Requesting \$1,001 - \$10,000 you must also include:

- Business Plan & Financial Statements**
  - o Description of the business, operating plan, feasibility research, marketing plan etc.
  - o Financial Management plan
    - Start-up budget (if a start-up company)
    - Profit and Loss (3 year projections)
    - Cash flow – 3 year (at least 1 year monthly, 2 years quarterly)
    - If this is for expanding a business include financials for previous years in operation (maximum last three years P&L and cash)

Larrisa Cummings – Grant Administrator [larrisa@alaskachd.org](mailto:larrisa@alaskachd.org)

Nina Rawson – Business Consultant [nrawson@ak.net](mailto:nrawson@ak.net)