



KCG
Consulting Services, LLC

STRATEGIC PLANNING/ SMALL BUSINESS FUNDING/GRANT MONITORING

Application Form

Dr. Sharon Styles-Anderson -CEO

(Please Type or Write Legibly)

Date: _____

*Name of Business/Organization: _____

Point of Contact for Organization

*Name: _____ Title: _____

*Office Number: _____ *Mobile Number: _____

*Email: _____ *Best Contact Method: Office: ___ Mobile: ___ Email: ___

Organization Information

*CEO First Name: _____ *Last Name: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

*Organization EIN Number: _____ *Email: _____

*Best Contact Method: Office Phone: _____ Email: _____

*Years in Operation: _____ Employees? Yes ___ No ___ 1099? ___ W-2? ___

*Annual Business Budget: _____ *501(c)3? Yes ___ No ___

*Duns Number? Yes ___ No ___ If yes, please provide Duns Number: _____

*Do You Have a Non-Profit? Yes ___ No ___

*Have You Applied for Grants Previously? Yes ___ No ___ If yes: Federal ___ State ___ Other ___ (check all that apply)

*If yes were you awarded? Yes ___ No ___ If yes, amount? _____ If yes, please submit 1 sample grant that you have written.

*Board Members (if applicable): * Business Owners if LLCs or Partnerships

Full Name: _____ Years Active: _____

Full Name: _____ Years Active: _____

Full Name: _____ Years Active: _____

Full Name: _____ Years Active: _____

*Please submit the Resume of the CEO and Board Members (if applicable) *CEO and/or Business Owners if LLCs or Partnerships

*List All Active Programs/Businesses (if you are an LLC list business locations):

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

State vision/mission of organization and three (3) program goals (attach separate sheets if necessary):

*Assistance Needed in What Areas (Check All That Apply)-:

Grant Writing: ___ Grant Monitoring: ___ Becoming a 501(c)3: ___ Program Development: ___ Funding: _____

Other: _____

Please return form **with articles, by laws and operating agreement attached** via email to drsharon@kcglc.org

Upon receipt of application, we will review the information and contact you promptly. If you have any questions or would like to speak with a member of our staff, please contact us via email. * Please complete all fields