

OPTIMIST VENTURES

Small Business Grant Application

This application is for Optimist Ventures' small business grant program supporting companies impacted by Tropical Storm Helene. Please complete all applicable sections thoroughly and truthfully. Attach all requested documentation. Incomplete applications may not be considered.

1. Applicant Information

First Name *

Last Name *

Phone Number *

Email *

Company / Business Name *

Do you have a different DBA (Doing Business As) for the business' legal name?

If yes, please provide the DBA name.

Other Key Team Members (if applicable)

Advisors & Mentors (if applicable)

800 characters max.

Company Website (if available)

Company LinkedIn Profile (if available)

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Date of Incorporation (if applicable)

EIN / TIN *

Commercial and Government Entity (CAGE) Code (if applicable)

NAICS Code *

North American Industry Classification System code.

Gender *

- Male
- Female
- Non-binary
- Self-describe:
- Prefer not to say

Race / Ethnicity *

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Pacific Islander
- Two or more races
- Asian
- Hispanic or Latino
- White
- Prefer not to say

2. Business Address

Provide your current physical business address (PO boxes not accepted).

Street Address *

Address Line 2 (Suite, Unit, etc.)

City / Town *

State *

Zip Code *

Proof of Current Business Physical Address *

Acceptable documents: current commercial lease, contractual agreement or deed for the business location; utility bills (electric, water, gas, internet) in the business name; business license or local occupation tax certificate listing the address; state or local sales tax registration tied to the physical address; payroll records showing employees reporting to that location; recent bank statement.

Upload proof of business address

3. Eligibility Certifications

My business is NOT one of the following disallowed business types:

Disallowed types include: passive real estate or investment holdings; political or lobbying organizations; cannabis-related operations; adult entertainment businesses; corporate-owned national franchises or chains; and residential short-term rentals (STRs).

I confirm and certify the above statement

My business does not have any active bankruptcies or tax liens.

I confirm and certify the above statement

All principal owners (20%+ ownership) are legal residents of the United States as defined by PRWORA.

Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

I confirm and certify the above statement

I understand that if I receive an award, my business name, award amount, and number of jobs supported may be publicly announced, and I agree to this disclosure.

I confirm and certify the above statement

4. Company Overview

Primary Business Category *

e.g., Retail, Food & Beverage, Professional Services, Technology, Manufacturing, etc.

Business Sub-Category (if applicable)

Brief Company Overview *

800 characters max.

Video Pitch (link) *

Submit a video pitch about your business, no more than 1 minute long. Paste a link below.

5. Tropical Storm Helene Impact

Describe how Tropical Storm Helene impacted your business *

Include physical damage, loss of inventory/equipment, lost revenues, prolonged closure, and supply chain impacts.

Date(s) of impact and brief timeline to today *

Estimated cost to repair/replace damaged items or restore operations *

Break down by cost category (e.g., equipment, inventory, structural repairs, etc.).

Upload supporting documentation *

Photos, contractor estimates/quotes, invoices, inspection reports, or other proof of loss.

■ *Upload proof of loss documentation*

Indirect economic impact narrative (if applicable)

If your business was indirectly impacted by Tropical Storm Helene, provide a narrative of post-disaster economic impacts. Include supporting documentation such as pre-/post-disaster income statements, employment documentation, or other evidence; or demonstrate that investments into new business or diversification are necessary for future economic resilience.

Business not in operation at time of event (if applicable)

If your business was not in operation at the time of the tropical event, explain how your business addresses a known gap in a labor category exacerbated by the event.

6. Other Assistance Received

Did your business file an insurance claim? *

- Yes
- No

Insurance claim details

If yes: provide the insurance carrier(s) and claim number(s). For each claim, provide the amount received, amount approved/pending, denied, and deductible.

Upload insurance claim documents

Settlement letters, claims statements, denial letters.

Upload insurance claim documents

Did your business apply for any FEMA/State/City disaster programs? *

- Yes
- No

FEMA/State/City program details

If yes: list each program, award ID, amount received/approved/pending/denied.

■ *Upload FEMA award/denial letters*

Did your business receive SBA or other subsidized loans? *

Yes No

SBA / subsidized loan details

If yes: indicate whether applications were accepted, declined, or cancelled. For accepted loans, list the approved principal owner name, any associated LLCs, and amount disbursed to date.

■ *Upload SBA/loan decision and disbursement documentation*

Did your business receive other grants/assistance (federal, state, local, nonprofit, private)? *

Yes No

Other grants/assistance details

If yes: list each source and amount; note whether it was for the same purpose as this request.

■ *Upload award letters or bank evidence of receipt*

Sources & Uses outline *

Provide a 'sources & uses' outline showing how all assistance received has been or will be spent by cost category.

7. Employment & LMI Commitment

Is your business a microenterprise (≤5 employees, including the owner)? *

Yes

No

Microenterprise household income (if applicable)

If a microenterprise, provide the owner's household size and gross annual household income (most recent tax year). Upload your most recent IRS tax return.

Upload most recent IRS tax return (microenterprise only)

**Current Permanent FTEs
(baseline) ***

**Anticipated Jobs to be Created

Jobs to be Retained ('but for') *

Risk explanation for retained jobs (if applicable)

If jobs would be lost 'but for' this assistance, explain the risk (e.g., cash-flow analysis, layoff notices).

LMI Job Commitment *

Confirm that ≥51% of created/retained jobs will be (a) held by LMI persons OR (b) 'made available to' LMI persons with first consideration (no special training beyond typical qualifications, reasonable hiring process).

I confirm and certify the LMI commitment above

8. Business & Venture Details

What specific problem does your company solve? *

800 characters max.

How does your company solve this problem? *

800 characters max.

What makes your solution unique? *

800 characters max.

Who is your target customer? *

500 characters max.

How have you validated customer interest? *

1,000 characters max.

How do you plan to acquire and retain customers? *

1,000 characters max.

What is your revenue model? *

800 characters max.

What stage is your company currently at? *

Idea / Pre-revenue

Early Stage / Pilots

Growth / Scaling

Established

Key traction milestones *

1,200 characters max.

How do you leverage technology in your business? *

Our fund thesis is 'tech-enabled long-term ambitious companies.' Describe how technology enables growth in your venture (e.g., automation, subscriptions, ecommerce, specific equipment, connected devices, mobile-first apps, AI technology, etc.). 1,200 characters max.

9. Financials & Funding

Have you raised any outside funding? *

Yes No

Outside funding details

If yes: how much and from what sources? (500 characters max.)

2025 Revenue *

Projected Revenue — Next 12 Months *

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Projected revenue narrative (optional)

500 characters max.

How will you use the investment from Optimist Ventures? *

1,200 characters max.

10. Team

Why are you the right team to build this company? *

1,000 characters max.

Are you full-time on this venture? *

Yes

No

What do you hope to gain from Optimist Ventures beyond funding? *

1,000 characters max.

Anything else we should know? (Optional)

1,000 characters max.

How did you hear about Optimist Ventures? (Check all that apply)

Social Media

Word of Mouth / Referral

Chamber of Commerce

Email Newsletter

Event / Conference

Online Search

Other:

11. Certification & Signature

By signing below, I certify that all of the information submitted in this application is valid, accurate and complete. A photographic or facsimile copy of this authorization may be deemed to be equivalent to the original.

WARNING: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 2, 287, 1001 and 31 U.S.C. 3729.

Applicant Signature

Signature:

Printed Name:

Date:

Thank you for applying to Optimist Ventures. We look forward to reviewing your application.