



**Application for Emergency Micro-funding Relief Grants  
to Small Businesses Affected by Hurricane Harvey**

**Applicant Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Title (Owner, Vice President, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Business Information**

Is Business Registered with the State of Texas?  Yes  No

Formal Registered Business Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Year Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business Address: \_\_\_\_\_

Website: \_\_\_\_\_

Business Description: \_\_\_\_\_

**Description of Business Losses**

Type of loss incurred:

- Office/operating space damaged
- Production equipment
- Inventory
- Revenue (lost sales)
- Other: \_\_\_\_\_

Financial estimate of loss incurred: \$\_\_\_\_\_

Please describe any storm-related losses that your business has recently incurred:

**Verification of Authorization & Representation:** In signing this Application, I verify that I represent that I am duly authorized and have the legal capacity to execute and deliver this Application and receive the requested relief funds on behalf of the above-named business.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_