



GUAM ECONOMIC DEVELOPMENT AUTHORITY

# *Growth Accelerator* **PROGRAM**

The GEDA Growth Accelerator Program (GAP) is intended to support entrepreneurship programs that foster the growth and expansion of existing small businesses on the island.

For detailed information, please refer to GEDA Growth Accelerator Program Notice of Funding Opportunity.

THIS APPLICATION WORKBOOK CONTAINS 5 SECTIONS

## **Section 1**

### **Applicant Information**

## **Section 2**

### **Program Description**

## **Section 3**

### **Organizational Capacity**

## **Section 4**

### **Program Budget**

## **Section 5**

### **Program Goals and Objectives**

**GRANT APPLICATION NUMBER: GAP -**

GEDA seeks innovative program proposals that support underserved entrepreneurs and promotes the growth and global competitiveness of existing small businesses through business support services/trainings and direct micro-grants. **All grants are discretionary and subject to the availability of funds.**

The Growth Accelerator Program (GAP) is exclusively for **NON-PROFIT ORGANIZATIONS WITH EXISTING ENTREPRENEURSHIP TRAINING PROGRAMS.**

Date of Application:	
Legal Name of Non-Profit Organization:	
Funding Request Amount:	
Year Founded:	
Mailing Address:	

Phone Number:	
Email Address:	
Website:	

Tax Identification Number/Employer Identification Number (EIN):

Attach the following documents to the grant application packet when submitting:

- 501 Certificate
- Recent Form 990

**President/Executive Director Information**

Name (Last, First):

**Grant Point of Contact Information**

Name (Last, First):

Phone Number:

Email Address:

Select all categories this grant will address:

<input type="checkbox"/> Job Creation	<input type="checkbox"/> Revenue Growth
<input type="checkbox"/> Export Readiness/Expansion	<input type="checkbox"/> Access to Capital/Financing
<input type="checkbox"/> COVID-19 Pandemic Business Adjustments	<input type="checkbox"/> Underserved Entrepreneurs
	<input type="checkbox"/> Sustainable Business Model
	<input type="checkbox"/> Micro-Businesses

Please ensure application is complete and all required documents are attached.  
**INCOMPLETE APPLICATIONS WILL NOT PROGRESS IN THE REVIEW PROCESS.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME AND TITLE

# PROGRAM DESCRIPTION

# ORGANIZATIONAL CAPACITY

|--|

# PROGRAM BUDGET

Organizational/Project(s) Budget		
Category	Description	Estimated Cost
Administrative Costs		
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
Development/Training		
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
Supplies		
		\$ -
		\$ -
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
Professional Services		
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
Micro-grants to Program Recipients		
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
Marketing & Promotion		
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
Other Expenses		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
Total Funds Received From Outside Sources		
		\$ -
		\$ -
	<b>SUB TOTAL</b>	\$ -
	<b>TOTAL EXPENSES</b>	\$ -
<b>NOTES</b>		

# PROGRAM GOALS AND OBJECTIVES