



Delaware Black Chamber of Commerce/OSD Grant Application

Instructions: Complete all sections of the below PDF application. Once complete, save to your computer and send to email@debcc.org.

Section 1: Business Information

Business Name

dba Name (if applicable)

Business Address

Business Phone

Business Web Address (if applicable)

Contact Name

Contact Email

Contact Phone

OSD/SBF Certified Yes No Not Sure

Section 2: Owner(s) Information

Name

Title

Phone

Email

Diversity Status (check all that apply)

Service Disabled Veteran Owned Business Enterprise

Veteran Owned Business Enterprise

Minority Business Enterprise

Woman Business Enterprise

Individuals with Disabilities Owned Business Enterprise

Section 3: Business Development Information

Business Stage:

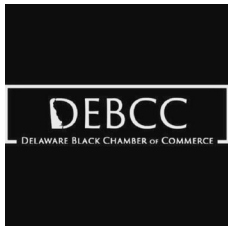
Startup

Beginner (>5 years)

Growth (5+ years)

Sustained (10+ years)

What areas of your business do you feel need the most assistance?



Delaware Black Chamber of Commerce Grant Application

Have you previously held a Chamber membership (any Chamber)? Yes No

If yes, which Chamber(s)?

Please describe your experience as a previous Chamber member (benefits, drawbacks, lessons learned, etc.)

What do you hope to gain from your membership with DEBCC?

Were you aware of DEBCC prior to learning of this grant opportunity? Yes No

Are you a member of any professional trade/industry organizations? Yes No

If yes, please list the organizations:

Section 4: Other

Have you completed the State of Delaware vendor registration? Yes No

If no, please visit <https://mymarketplace.delaware.gov/vendor-registration.shtml> to complete the process.

Have you applied for other Delaware grant or loan programs? Yes No

Have you received grant or loan funding previously from the State of Delaware?

Yes No

If yes, which grants/loans did you receive? Please list all.

Do you plan to continue your membership after the grant? Yes No

Are you a member of any other chambers? Yes No