

US METRO BANK GRANT APPLICATION

Business must operate in one of the following counties: Los Angeles and Orange, in CA, or Snohomish, King and Pierce in WA. The business must meet the following criterion: The company has been in operation for at least two years.

Eligibility Check (Select Yes or No)

Are you a director, officer, employee, or independent contractor of US Metro Bank or any of its affiliates?

Yes No

1. Are you a family member of a US Metro Bank employee (e.g., spouse, parent, children)?

Yes No

2. Are you the majority owner or one of the primary decision-makers of the business?

Yes No

3. Was your business' annual revenue in the 2024/2025 tax year \$500,000 or less?

Yes No

4. Are you able to provide legal entity documents such as your business articles of formation?

Yes No

Business Owner Contact Information

First & Last Name: _____

Business Name: _____

Business Address: _____

Email Address: _____

Phone Number: _____

Website or URL: _____

Tax ID Number (TIN): _____

Social media (LinkedIn, Facebook, Instagram, Twitter): _____

About Your Business**1. Business Classification (Select One)** Sole Proprietorship S Corporation C Corporation Limited Liability Company (LLC) Other: _____**2. Industry** _____**3. Is your business currently bankrupt?** Yes No**4. Number of Employees (Including Yourself)**

Full-time employees: _____

Part-time employees: _____

General Applicant Information**1. Is your business your primary source of personal income?** Yes No**2. Employment Status (Select One)** Full time with a company outside of my business Full time business owner Part time with a company outside of my business Part time with my business Employed in multiple part-time jobs or businesses**Business Description**

Provide a brief description of your business:

Concerns About Operating Your Business (2026)

For each item, select one:

Generating enough revenue to make a profit

Not at all worried Not so worried Worried Very worried Extremely worried

Generating enough revenue to cover expenses

Not at all worried Not so worried Worried Very worried Extremely worried

Cash flow

Not at all worried Not so worried Worried Very worried Extremely worried

Access to credit

Not at all worried Not so worried Worried Very worried Extremely worried

Servicing debit/credit card or loan payments

Not at all worried Not so worried Worried Very worried Extremely worried

Finding employees

Not at all worried Not so worried Worried Very worried Extremely worried

Retaining employees

Not at all worried Not so worried Worried Very worried Extremely worried

Keeping up with changing software/technology

Not at all worried Not so worried Worried Very worried Extremely worried

Competition with large businesses

Not at all worried Not so worried Worried Very worried Extremely worried

Technology Used to Manage Your Business (Check all that apply)

Physical POS device

eCommerce solution for online payments

Rewards Program



- Back-office software (payroll, accounting, etc.)
- Marketing software (email campaigns, customer outreach)
- Other: _____
- POS system used: _____
- eCommerce or online payment provider: _____
- Other technology used: _____

How Did You Hear About This Program?

- US Metro Bank Word of mouth
- News media Digital advertising Other: _____

Grant Impact Statement

In your own words, how would this grant impact your business?

Opt-In Agreement / Participation Interest

The following questions are intended to assess your interest in participating in Fiserv/Clover initiatives. Participation is optional, will not affect your application, and is not legally binding. Fiserv/Clover

1. Media Participation

If selected, are you willing to be featured in written and video communications?

- Yes No

2. Interview or Survey

If selected, would you be willing to participate in an interview or survey with US Metro Bank?

- Yes No

Contact Preferences

US Metro Bank may contact you by phone or email regarding products, services, or promotions that may be of interest to you. No third party will contact you under any circumstances. Please select your preferred contact method below. Privacy Notice – US Metro Bank

- Phone Email



Required Email Submission

Send the following to grantapply@usmetrobank.com:

- Business license or articles of incorporation (documentation must show the business start date)
- 2-minute video (MP4, MOV, AVI) covering:
 - Background of the business owner
 - Business vision and goal
 - How the grant funding will support and promote business growth
 - Your commitment to making a positive impact in the community