

## 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. Eligible business must meet the following criterion: A maximum of 10 full-time employees.**

### 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:

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**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?

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**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](mailto: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