

# EatOkra Grant Questions

## Personal Information

Full Name \*

First Name

Last Name

Do you identify as a Black woman? \*

Age \*

E-mail \*

Phone Number \*

## Business Information

How many restaurants do you own \*

Business Name \*

Is your business registered? \*

Business Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Website

Instagram

Facebook

Twitter

LinkedIn

Tik Tok

Other Social Media

How long has your business been in operation? \*

How many full-time employees do you currently have? \*

How many part-time employees do you currently have? \*

Describe your restaurant. What type of food do you serve? Who are your target customers? \*

## Financial Information

Year-to-date average monthly sales/revenue (2022) \*

This field is required.

Year-to-date average monthly expenses (2022) \*

Year-to-date average monthly net profit/loss (2022) \*

Please submit your 2021 (January 1 - December 31, 2021) profit and loss statement

## Funding Need

Describe how you would use the \$10,000 funding to accelerate growth for your business? 1000 CHARACTER MAX \*

Type here...

0/1000

This field is required.

In what ways will your use of the \$10,000 impact women of color? 1000 CHARACTER MAX \*