

Good Food Fund Grants: Application Questions for Round 2

ENGLISH

The Good Food Fund will provide support to food entrepreneurs in communities with inequitable access to food. The Good Food Fund was designed after intensive community engagement with the Food Equity Council and seeks to help expand, enhance, and restore the food industry using an equity and community-based approach. Allies for Community Business (A4CB), in partnership with Greenwood Archer Capital (GAC), has been selected to manage the fund by providing grants, low-interest loans, and free coaching to businesses across the food ecosystem (production, distribution, processing, retail) in communities with inequitable food access.

Please be prepared to answer all the questions below and upload the required documents before beginning. You will not be able to save a partial application and return to it later.

After applying for a grant, we encourage you to sign up for free coaching from our Food & Beverage Business Coach. To apply for a low-interest loan or free coaching, visit a4cb.org.

If you have any questions on this grant application, please contact A4CB at help@a4cb.org or 872.710.0035.

Business Basics

1. Are you a fiscal sponsor applying on behalf of a business that has not yet launched?
 - No [Continue to Question 2]
 - Yes [Show additional detail]
 - Sponsor Narrative

Describe the business you are sponsoring and how you are supporting their development. 400 words. Your narrative should include:

 - *Who owns the new business?*
 - *How will the business increase or support food access in Chicago?*
 - *What has been completed so far to prepare this business for launch?*
 - *When do you expect the business to launch?*
 - *Complete the remainder of this application based on the details of the sponsoring organization.*
2. Business legal name
3. Doing business as (DBA)

If different from business legal name.
4. First name of person completing this application
5. Last name of person completing this application

6. Email address
Please provide the email address you check most frequently.
7. Primary telephone number
Please provide the number you answer most frequently.
8. Employer identification number (EIN)
If you do not have an EIN, provide the owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
9. Business physical address: Number, Direction, Street, Unit
10. City
11. State
12. Zip code
13. Business website
14. Last four digits of your business bank account number
If your application is selected, this is the account where we will deposit the funds. It must match the bank account statement you upload below.

Business Classification

15. Tax classification
 - Sole Proprietorship
 - Partnership
 - C Corporation
 - S Corporation
 - Limited Liability Company (LLC)
 - Worker-owned Cooperative
16. Primary food industry sector
 - Agriculture
 - Catering
 - Food Pantry or free food distribution
 - Manufacturing
 - Marketing
 - Processing
 - Research and Development
 - Restaurant

- Retail /Grocery
- Wholesale/Distribution
- Other

17. North American Industry Classification System (NAICS) code from your tax return

Select the option which matches the first 4 digits of the industry code on your tax return.

For corporations: You can locate your six-digit NAICS code on your federal tax return Form 1120, Page 4, Schedule K, Line 2a - Business activity code no.

For partnerships: You can locate your six-digit NAICS code on your federal tax return Form 1065, Page 1, Section C - Business Code Number

For sole proprietors/single member limited liability companies: You can locate your six-digit NAICS code on your federal tax return Form 1040, Schedule C, Section B - Enter code from instruction

- 1100 Agriculture, Forestry, Fishing and Hunting
- 1111 Oilseed and Grain Farming
- 1112 Vegetable and Melon Farming
- 1113 Fruit and Tree Nut Farming
- 1121 Cattle Ranching and Farming
- 1122 Hog and Pig Farming
- 1123 Poultry and Egg Production
- 1124 Sheep and Goat Farming
- 1125 Aquaculture
- 1129 Other Animal Production
- 1141 Fishing
- 1142 Hunting and Trapping
- 1150 Support Activities for Agriculture and Forestry
- 1151 Support Activities for Crop Production
- 1152 Support Activities for Animal Production
- 3110 Food Manufacturing
- 3112 Grain and Oilseed Milling
- 3113 Sugar and Confectionery Product Manufacturing
- 3114 Fruit and Vegetable Preserving and Specialty Food Manufacturing
- 3115 Dairy Product Manufacturing
- 3116 Animal Slaughtering and Processing
- 3117 Seafood Product Preparation and Packaging
- 3118 Bakeries and Tortilla Manufacturing
- 3119 Other Food Manufacturing
- 3121 Beverage Manufacturing
- 4244 Grocery and Related Product Merchant Wholesalers
- 4245 Farm Product Raw Material Merchant Wholesalers
- 4450 Food and Beverage Retailers
- 4451 Grocery and Convenience Retailers
- 4452 Specialty Food Retailers

- 7220 Food Services and Drinking Places
- 7223 Special Food Services
- 7225 Restaurants and Other Eating Places
- *Other*

Grant Request

18. What was your business's gross revenue (gross receipts) in 2023?

This number must match your tax return.

For corporations: You can locate your gross receipts on your federal tax return Form 1120, Page 1, Line 1a

For partnerships: You can locate your gross receipts on your federal tax return Form 1065, Page 1, Line 1a

For sole proprietors/single member limited liability companies: You can locate your gross receipts on your federal tax return Form 1040, Schedule C, Line 1

If selected, your grant award will be determined by your 2023 gross revenue:

- *\$10,000 for businesses with \$10,000 - \$100,000 gross revenue or fiscal sponsor applying on behalf of a new business*
- *\$30,000 for businesses with \$100,001 - \$250,000 gross revenue*
- *\$100,000 for businesses with \$250,001 or more gross revenue (limited to a maximum of five awards)*

19. How do you plan to use the grant funds?

In 50 words or less, describe how you plan to use the grant funds to support, grow, or improve your business. For example: "The grant will allow us to hire a new part-time employee for our busy lunch shift." Or "The grant will help us purchase a processing machine to double our weekly production."

Business Impact

20. Which best describes your business?

- It is locally owned and operated without a parent company
- It is owned by a parent company based in Chicago
- It is a franchise
- It is owned by a parent company based outside of Chicago

21. What is your primary sales and distribution method?

- Customers only receive our products in-person or by local delivery
- Customers receive our products by a mix of shipment and in-person
- Customers only receive our products by shipment

22. Business Owner's First Name

If this business has more than one owner, enter the name of the person who owns the largest portion of the business. This is the ID you will upload below.

23. Business Owner's Last Name

Business Owner Background

Questions in this section will be used for research purposes only and will not affect your eligibility for this grant.

24. Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Race
- Unknown / Prefer not to answer

25. Ethnicity

- Hispanic, Latino(a)/Latine
- Not Hispanic, Latino(a)/Latine
- Other Ethnicity
- Unknown / Prefer not to answer

26. Gender

- Woman
- Man
- Transgender
- Non-binary/non-conforming
- Prefer not to answer

27. Are you a veteran?

- Yes
- No
- Prefer not to answer

28. Do you identify as a person with a disability?

- Yes
- No
- Prefer not to answer

Document Upload

- Current City of Chicago business license or cottage food operator certification
The expiration date must be after November 15, 2024 and the address must match the business address entered above.
***If you do not have a license from the Chicago Department of Business Affairs and Consumer Protection (BACP), please refer to the [FAQ](#) or contact help@a4cb.org or (872) 710-0035 for assistance.*
- All pages of your business's 2023 federal tax return
Valid forms: Form 1040 with Schedule C, Form 1065, Form 1120, or Form 990
Include all pages of the tax return and a signed e-file authorization from your accountant or confirmation from the IRS that your return was accepted.
- All pages of your most recent business bank account statement from 2024
Must show the bank name and address, business name and address, and the account number.
- Business owner's valid form of photo identification
Valid ID options: Driver's license, State ID, Chicago CityKey, passport, permanent resident card, or consular ID.
The expiration date must be after November 15, 2024.
- Property lease or deed
Required if the business address entered above does not match the address on the tax return.
The expiration date must be after November 15, 2024, must list the business name and/or owner name as the lessee/renter, and must be signed.

Document Comments

Optional.

Provide any details needed to review your documents. For example: if we need a password to open your tax return, or if the address on a required document does not match the address you entered on your application, explain that here. If not needed, please leave blank.

Attestations

Check each box to confirm that the statement is true.

- All information provided on this application is accurate.
- I run a business that has secured all necessary licenses to operate in Chicago and Illinois.
- My business is in Good Standing ("Active") with the Secretary of State (*not applicable to sole proprietors*).
- If selected for a grant, I consent to have the City of Chicago and A4CB promote my business as part of this grant program.

- I understand that City of Chicago and A4CB do not discriminate against applicants on the basis of race, color, religion, national origin, gender, sexual orientation or identity, marital status, or age (provided that the applicant has the capacity to enter into a binding contract).
- I authorize the City of Chicago and A4CB to investigate and verify the above information. The release of all information by City of Chicago and A4CB in any manner is hereby authorized whether such information is of record or not and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information.

Experience

1. How did you hear about this opportunity?
 - Word of mouth
 - Email
 - Social Media
 - City of Chicago website
 - Newsletter from the Chicago Department of Business Affairs and Consumer Protection (BACP)
 - Community Organization
 - Other
2. How would you rate your experience in applying for this grant?
Answer 1 if you found it very difficult and answer 5 if you found it very easy
3. How can we improve this grant application process?
Optional. 50 words
4. Would you like to hear about small business opportunities like this in the future?
Please check the communications you would like to receive. You may opt out at any time in the future.
 - Chicago Department of Business Affairs and Consumer Protection (BACP) newsletter
 - Allies for Community Business newsletter
 - None