



Transformation GEMS
Gifted Entrepreneurs with Millionaire Status

Grant Application

First Name:* _____ Last Name:* _____

Street Address: * _____

City:* _____ State:* _____ Zip:* _____

Email: * _____

Primary Use
of Funds:*

Business Information

Business/DBA Legal Name: _____

Company Address: _____

Website: _____

Federal Tax ID Number/LARA ID: _____

State of Organization: * _____

County: * _____

Date Company Organized: _____

Date of Current Ownership: _____



913 W. Holmes Rd., Suite 235
Lansing, MI 48910



(805) 994-0822



transformationgems.com
transformationgems@gmail.com



- Business Structure:*
- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Nonprofit Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Not Established Yet |
| <input type="checkbox"/> Limited Liability Company | |

List below all owners, partners, Limited Liability Company (LLC) members, and stockholders totaling 100% ownership:

1. Name/Address/Ownership % _____
2. Name/Address/Ownership % _____
3. Name/Address/Ownership % _____
4. Name/Address/Ownership % _____

Do you currently identify with the pronouns she/her/hers? * Yes
 No
 If not, which pronouns do you identify with? (Please fill in the others option) Other: _____

Is the applicant business or non-profit woman-owned? * Yes
 No

Is the applicant business or non-profit minority-owned? * Yes
 If yes, please select all that apply* No

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Arab or Middle Eastern American |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Native American (Alaska natives, native Hawaiians, or enrolled members of a federally or State recognized Indian Tribe) | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> BIPOC (Black Indigenous People of Color) |
| | <input type="checkbox"/> Person with Disability |



By signing below, you hereby make application for grants, funding and or services with Transformation GEMS. In addition, you will agree to reporting monthly income and investment to Transformation GEMS via email monthly until 12/31/23. No receipts are required. Once application is approved you will receive document with additional terms and agreements for you to sign. Thank you very much for your application.

Handwritten Signature:*

Title

Date

Please check which programs you are applying for *

- Transformation Gems Grant
- Pitch Contest
- Monthly Pop-up Business
- Workshops & Trainings

If you have any questions with the Transformation GEMS Grants application, please email us at transformationgemsgrants@gmail.com.



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