LES DAMES D'ESCOFFIER INTERNATIONAL

KANSAS CITY CHAPTER

Microgrant Program Application

For the 2026 Grant Cycle

Applications due October 1, 2026, at 11:59 p.m.

Before you apply: Read the LDEI Kansas City Microgrant Program Policies and Guidelines. This application is for existing, operating, women-owned culinary businesses in the eligible Kansas City metropolitan area.

1. Applicant and Business Information

Applicant name: _____

Business legal name: _____

Business name, if different: _____

Business address: _____

Mailing address, if different: _____

Email address: _____

Telephone number: _____

Business website and/or social media link: _____

Type of business entity: ☐ **Sole proprietorship** ☐ **Partnership** ☐ **LLC** ☐ **S corporation** ☐ **C corporation**

_____

Date business began operating: _____

County where business is located: _____

Federal EIN (if applicable): _____

2. Eligibility Confirmation

- ☐ I am a woman who owns at least 51% of the applicant business.
- ☐ The business is an existing, operating culinary-related business, not a business in the planning or startup stage.

- ☐ The business is located in an eligible Kansas City metropolitan-area county.
- ☐ The business is in good standing with applicable federal, state, and local requirements.
- ☐ I am not a current member of the LDEI Kansas City Board of Directors or Scholarship Committee.
- ☐ If I am an LDEI Kansas City member, I understand that no more than 20% of awards in a grant cycle may be awarded to LDEI Kansas City members.

3. Business Description

Describe your culinary-related business, its primary products or services, and the customers or community it serves.

Response: _____

4. Grant Request

Amount requested (up to $1,000): $ _____

Proposed purchase, service, or project: _____

Describe how the requested grant funds will be used and how this purchase or project will support the growth, sustainability, or long-term success of your business.

Response: _____

5. Vendor and Cost Information

Grant funds are paid directly to an approved vendor or service provider. Attach a current quote, invoice, proposal, or estimate for the requested purchase or service.

Vendor or service provider name: _____

Vendor contact name, email, and telephone: _____

Total cost of purchase or service: $ _____

Grant funds requested from LDEI Kansas City: $

_____

Applicant contribution, if total cost exceeds grant request: $

Expected purchase or project completion date:

_____

6. Applicant Certification and Authorization

By signing below, I certify that the information in this application is true and complete. I understand that LDEI Kansas City may request additional information or documentation. If selected, I agree to execute the Grant Recipient Agreement before grant funds are released. I further certify that I have obtained pricing for the proposed purchase or service and, if the total cost exceeds the grant award, I have the financial ability to pay the remaining balance necessary to complete the purchase or project.

Applicant signature: _____

Printed name: _____

Date: _____

Application Checklist

- ☐ Completed application form.
- ☐ Current vendor quote, invoice, proposal, or estimate.
- ☐ Any additional information requested by LDEI Kansas City.