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### 2022 AAPISTRONG Restaurant Fund Application

### Eligibility Requirements

1. Is your restaurant at least 51% Asian American or Pacific Islander (AAPI) owned? (required)**\***
   1. Yes
   2. No
2. Is your restaurant based in the United States? (required)**\***
   1. Yes
   2. No
3. Is your restaurant currently in operation? (required)**\***
   1. Yes
   2. No
4. Do you own or operate a restaurant whose primary licensed business activity is "the preparation and serving of food"? (required)**\***
   1. Yes
   2. No
5. Does your restaurant operate in a maximum of three locations? (required)**\***
   1. Yes
   2. No
6. Is your restaurant a franchise?**\***
   1. Yes
   2. No

### Restaurant Overview

Restaurant Name (required)**\***

Restaurant Address

Restaurant City

Restaurant State

Restaurant Zip Code

Do you offer delivery services for your restaurant? (required)**\***

1. Yes
2. No

Is food delivery a big part of your business?**\***

1. Absolutely Yes
2. Somewhat
3. Unsure
4. Not Really
5. Absolutely Not

Do you see food delivery becoming a bigger part of your business in the future?**\***

1. Absolutely Yes
2. Somewhat
3. Unsure
4. Not Really
5. Absolutely Not

Does your restaurant have a website? (required)**\***

1. Yes
2. No

Does your restaurant have social media accounts? (required)**\***

1. Yes
2. No

**Applicant Information**

Are you filling this out on behalf of the restaurant owner?

1. Yes
2. No, I am the owner.

What is your full name?

What email can we use to reach you?

**Restaurant Owner Information**

Restaurant owner name (required)**\***

Restaurant owner ethnicity (required)**\***

How many years have you owned this restaurant? (required)**\***

**Restaurant Information**

What type of food does your restaurant serve? (required)**\***

Number of full-time employees(required)**\***

Number of part time employees (required)**\***

How many years has your business been operational? (required)**\***

**\*If your business is permanently closed you are not eligible for this opportunity.**

Is COVID-19 currently affecting your business?

1. Yes
2. Unsure
3. No

If yes, what losses have you experienced? (required)**\***

1. Reduction in sales
2. Increased cost of doing business
3. Inability to make rent or mortgage payments
4. Cancellation of group reservations/special events
5. Pay/salary cuts for staff
6. Termination of staff
7. Losses due to deposits, leases, and other down payments that will not be refunded
8. Other

Has your business experienced vandalism, discrimination, or online harassment because of your ethnicity? (required)**\***

1. Yes
2. No

If yes, please explain the situation or event that occurred at your place of business. (required)**\***

Please explain if/how your business serves your community. If your business does not volunteer in the community, please type "N/A" (required)**\***

Pick up to three areas in which you will use this grant to help your business (required)**\***

1. Rebuilding/renovation
2. Purchasing new equipment
3. Paying employees
4. Paying rent/lease
5. Purchasing product
6. Updating digital/e-commerce presence
7. Marketing
8. Technology upgrade

Please explain in further detail how you would use these funds (required)**\***

Do you think it is a good time to be a small business/restaurant owner?**\***

1. Absolutely Yes
2. Somewhat
3. Unsure
4. Not Really
5. Absolutely Not

Are you optimistic about the future of your business?**\***

1. Absolutely Yes
2. Somewhat
3. Unsure
4. Not Really
5. Absolutely Not

Are you a United States veteran?**\***

1. Yes
2. No

Upload a copy of your restaurant’s local or state business license as a food establishment (required)**\***

Is your restaurant operating as a corporation or limited liability company? (required)**\***

1. Yes
2. No

If yes, please upload your certificate of good standing (required)**\***

Upload your 2021 Profit & Loss Statement**\***

Upload a one-minute video (optional but encouraged)

Upload your menu (optional but encouraged)



By submitting this application you acknowledge that you will be added to the National ACE mailing list, of which you can unsubscribe at any time.**\***



By checking this box you acknowledge and accept our waiver, hold harmless and release statements: The grant applicant acknowledges that the ACTIVITY of completing the grant application does not guarantee being awarded the grant. The grant applicant hereby waives any and all claims against National ACE and ACE Foundation, its board of directors, officers and employees including its independent contractors, donors, business affiliates/partners, agents or insurers (“Released Parties”) from any and all claims which may arise from participation in this ACTIVITY. This is regardless of whether or not caused in whole or part by the negligence of the Released Parties. The grant applicant releases and forever discharges the Released Parties from all such claims. The grant applicant agrees to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys’ fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that the grant applicant (or anyone claiming by, under or through the grant applicant) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which may arise during or result from the participation in this ACTIVITY, regardless of whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties. The applicable laws of the District of Columbia shall govern this Agreement. The grant applicant has carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. The grant applicant understands it fully and executes it voluntarily.

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