



Business Grant Contract

START-UP SEED MONEY AWARD

Applicant Name	
Phone Number	
Email Address	
Mailing Address	
Business Name	
Business Address	
Business Website	
Association Name	BRICKTWENTYTWO PRODUCTIONS, INC.
Grant Name	BUILDING BLACK BUSINESSES

June 30, 2015

Mr. John Smith
 Con Struction Contractors, Inc.
 4444 44th Street
 Oz, GA 99994

RE: NOTICE OF INTENT TO AWARD FOR [**INSERT BUSINESS**]

Dear Mr. Smith:

With this letter, I'm delighted to confirm that you are hereby notified that **BRICKTWENTYTWO PRODUCTIONS, INC.** intends to award you start-up seed money in the amount of [**AMOUNT**]. A one-time payment shall be sent to the account information that you submitted with your application. If an account was not submitted, please expect a check to be sent to your mailing address. It's such an honor to assist you on your entrepreneurial journey. We will be announcing all recipients at the BrickFest Charity Concert. Please advise whether you will be in attendance so that we can prepare your entry into the facilities. If so, please fill out the attached form and email it to brickfest2021@gmail.com with a brief note stating that you will be in attendance.

Sincerely,

Shamirah Ross-Gowdy, *Founder & CEO*

GENERAL MEDIA RELEASE FORM

Production Title _____

Production Date ____ / ____ / ____

1) I, the undersigned, hereby authorize **BRICKTWENTYTWO PRODUCTIONS, INC.** to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate. (I understand that I may be identifiable from such photographic or electronic reproduction)

AGREED AND ACCEPTED BY:

Print Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Signature & Date _____

I am signing this form as an individual Yes No

I am signing this form as a representative of a group, and have full authority to grant release for this group Yes No

Name of group _____

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian

Date

Address of Parent/Guardian (if different)

City, State, Zip Code

(____) _____

Phone Number (if different)