

965 FLORIDA AVENUE, NW LOCAL RETAILERS ASSISTANCE PROGRAM GRANT APPLICATION

APPLICANT INFORMATION

Registered Name of Business

Trade Name/dba, if applicable:

Business Address (Must be Located within Boundaries Shown on Map on Last Page of Application):

Year business established:

Business Type (examples: Restaurant, Bar, Retail Clothing, Service):

Mailing Address (if different):

Business Email Address:

Business Telephone Number:

Business Website URL (if available):

Primary Contact or Authorized Representative:

Name:

Title:

Mobile Phone Number:

Email Address:

BUSINESS OVERVIEW

List the current number of employees working for the business:

Full-time Employees: _____ Part-time Employees: _____

Provide a summary of the business' activities, including a brief history, year opened, number of years at current location, and significant activities/events/milestones (maximum: 2,000 characters):

PROJECT OVERVIEW

Name of the project for which you are seeking funding from this grant:

Grant Amount Sought (See *Guidelines for Applicants*):

Describe the project to be funded through this grant, why the project is needed, and the goals and objectives for the project (maximum: 2,000 characters):

For a NEW Business (open for 12 months or less) or for a business that has not yet opened: Describe the anticipated benefits and positive impact of your business on the community and target audience(s) served (maximum: 2,000 characters).

For an EXISTING business (open longer than 12 months): Describe the benefits and positive impact on the community that have resulted from the operation of your business (maximum: 2,000 characters).

Describe the implementation plan for the proposed project funded by this grant. Specifically, outline the sequential steps and actions you will undertake to complete project within the proposed deadlines. Include a schedule or timeline. (Maximum: 5,000 characters)

Discuss how you will provide verification that the proposed project is complete. (Maximum: 2,000 characters)

BUDGET AND FUNDING INFORMATION

CONFIDENTIALITY. Information provided shall only be used in evaluating this application. The information will not be made public or shared with any government entity.

Total Projected Income for Business' Current Fiscal Year:

Total Projected Expenses for Business' Current Fiscal Year:

NOTE: ATTACH THE FOLLOWING REQUIRED DOCUMENTS:

- Projected Profit & Loss statement for the current fiscal year, if available, including line items for income and expenses;
- Certificate of Good Standing for the applicant issued by the Department of Consumer and Regulatory Affairs no earlier than January 2, 2018;
- A copy of the commercial lease or property title for the business' location;
- If the business leases its space and improvements to the building are proposed, provide a written statement from the property owner that the business is authorized to perform the proposed improvements;
- A detailed line item budget for the project and a description of how grant funds will be used;
- Cost estimates provided by vendors for the project;
- Photographs of any areas of the business establishment where improvements are proposed as part of the project;
- Cut sheets, catalog pages or other product information for any permanent equipment proposed to be acquired as part of the project;
- If additional funds in excess of the grant request are required in order to complete the project, provide an explanation of the source of funding; and
- A copy of the federal tax return for the business' most recent fiscal year (2017 or 2016, if 2017 has not yet been filed).

Acknowledgement of Funding Guidelines (please check box below):

I understand that grant awards will average \$5,000, but shall not exceed \$10,000. There is no minimum grant amount. The applicant acknowledges that depending on the number of grants awarded and the types and nature of the projects being funded, my business may not receive the full amount of funding requested. I agree and confirm that my business can proceed, even if the full grant amount requested is not received, and I understand that grantees will not be permitted to change the scope of the project being funded once the grant award is made. In the event that a reduced grant amount does not allow the business to proceed with the project, no award will be made to the applicant.

APPLICANT CERTIFICATION

I certify, to the best of my knowledge, that the information contained in this application is accurate, and that I am authorized to file this application. I accept the terms and conditions of the 965 Florida Avenue, NW Local Retailers Assistance Grant Program as outlined in the Guidelines for Applicants.

Signature of Authorized Representative

Name (Printed) of Authorized Representative

Title

Date

MAP OF THE GRANT ELIGIBLE GEOGRAPHIC AREA

