

Essential and Startup Business Programs

Application



| General Information | |
|--|---|
| Business/Organization Name: | |
| Contact Person: | |
| Physical Address: | |
| Mailing Address: | |
| Phone: | |
| Email: | |
| Website: | |
| Program Selection | |
| Indicate the program(s) for which you are applying (check all that apply): | |
| <input type="checkbox"/> Essential and Startup Business Grant | <input type="checkbox"/> Marketing Grant |
| <input type="checkbox"/> Professional Services Grant | <input type="checkbox"/> Multi-Year Marketing |
| | <input type="checkbox"/> One-Time Marketing |
| Business Overview | |
| Type of Business | |
| <input type="checkbox"/> Startup (operating less than one year) | <input type="checkbox"/> Existing Business |
| Business Structure | |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Corporation | |
| Description of Business and Services: Provide a brief overview of your business and the services or products offered. | |
| | |
| | |
| | |
| | |
| | |
| Number of Current Employees: | |
| Funding Purpose and Details | |
| Provide a detailed description of the planned use of funds. Include specific needs, items to be funded (e.g. rent, utilities, legal services, marketing), and how this funding will impact the business. | |
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| | |
| Total Project Cost: \$ | |
| Requested Grant Amount: \$ | |
| Matching Funds (for Essential and Startup Business Grant and Multi-Year Marketing Grant): | |
| Matching Funds: \$ | |
| Source of Funds: | |

| Additional Documentation | |
|--|---|
| Business Plan: Including a summary of your products/services, target market, financial projections, and growth strategy. | |
| Permits and Licenses: Copies of any permits, licenses, or certifications required for your business. | |
| Detailed Expense Plan: Including estimated costs for each item or service for which funding is requested. | |
| Application Checklist | |
| <input type="checkbox"/> Application | <input type="checkbox"/> IRS W-9 Form |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Permits and Licenses |
| <input type="checkbox"/> Detailed Business Plan | |
| I certify that the information provided in this application is accurate and complete to the best of my knowledge. I agree to the terms and conditions. | |
| Applicant Signature: | |
| Applicant Name: | |
| Title: | |
| Date Submitted: | |
| | |
| Carie Boster, Executive Director: | |
| Approved on: | |

Essential and Startup Business Programs

Checklist

| | |
|---|--|
| For Internal Use Only | |
| Name of Applicant: | |
| Name of Program(s) Applied for: | |
| Date Application Received: | |
| Eligibility Checklist | |
| <input type="checkbox"/> | Located in Dunn County. |
| <input type="checkbox"/> | Business demonstrates economic feasibility and potential for job creation. |
| Approval | |
| Application Approved by Dunn County JDA: _____ / _____ / _____ | |
| Funding Amount Approved: \$ _____ | |
| Notification of Funding: _____ / _____ / _____ Send MOU with notice of funding. | |
| <input type="checkbox"/> | Signed Memorandum of Understanding |
| <input type="checkbox"/> | Signed Business Incentive Agreement - WHEN IS THIS SENT? SENT WITH MOU??? |
| <input type="checkbox"/> | Add Applicant and applicant information into the Master Incentive Tracker |
| Reimbursement | |
| <input type="checkbox"/> | Submitted receipts for reimbursement for eligible expenses (e.g., rent, mortgage, insurance, city services, professional services, marketing, or other approved expenses). |
| <input type="checkbox"/> | Date of Initial Reimbursement: _____ / _____ / _____ |
| | Amount: \$ _____ Remaining Balance: \$ _____ |
| <input type="checkbox"/> | Date of Additional Reimbursement: _____ / _____ / _____ |
| | Amount: \$ _____ Remaining Balance: \$ _____ |
| <input type="checkbox"/> | Date of Additional Reimbursement: _____ / _____ / _____ |
| | Amount: \$ _____ Remaining Balance: \$ _____ |
| <input type="checkbox"/> | All Funds Disbursed |
| <input type="checkbox"/> | Update Master Incentive Tracker |
| Reporting and Compliance | |
| <input type="checkbox"/> | Final Report Submitted: _____ / _____ / _____ |
| <input type="checkbox"/> | Expense Documentation Attached |
| <input type="checkbox"/> | Project Impact and Outcomes |