

EXISTING BUSINESS

SMALL BUSINESS ACTION GRANT APPLICATION

When applying for this grant please remember to read the attached Program Guidelines before
Business Owner's Name: _____

Address: _____

Telephone: _____ Cell _____

Outline your funding request including expense detail _____

How will this grow or enhance your business? _____

Total Estimated Cost _____

Have you received a grant from Lawrenceburg previously _____ Yes _____ No *If so when* _____

If you are leasing space, what is the term of your lease? _____ Years

What are your days and hours of operation? _____

Is a business plan attached? _____ Yes _____ No

Is performance data for your business attached? _____ Yes _____ No

Have you met with an ISBDC Advisor? _____ Yes _____ No

Are expense estimates attached? _____ Yes _____ No

If your request includes funding of physical improvements or equipment, have you attached appropriate photographs or descriptions to adequately describe them _____ Yes _____ No

If applying for a project that requires plans, are those plans attached _____ Yes _____ No

Have all appropriate permits from the City of Lawrenceburg been obtained? _____ Yes _____ No

Are copies of those attached? _____ Yes _____ No

I certify that I am able to provide the required matching funds for the project as outlined in this application.

Signature of Property Owner _____ Date _____