

NEW BUSINESS

SMALL BUSINESS ACTION GRANT APPLICATION

When applying for this grant please remember to read the attached Program Guidelines before completing the application. Incomplete applications will not be considered.

Business Owner's Name: _____

Address: _____

Telephone: _____ Cell _____

Describe your business and what you will offer _____

Outline your funding request including expense detail _____

Total Estimated Cost _____

Have you secured a location for your business? _____ Yes _____ No

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

Is a business plan 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 licenses and 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 _____