

#### **BUSINESS ASSISTANCE GRANT APPLICATION**

Contact Information			
Company Name:			
Federal Tax ID# :			_
Primary Contact Name: First Name:		Last Name:	
Contact Title:			
Mailing Address:			
		Zip:	
Phone:	Fax:	Mobile:	
Email Address:			
Website:			
Description of Busine	ss Activity:		
NAICS:		Company Age:	



# **Project Information**

Overall Project Estimate

Project Type:					
■ Business Improvement Grant (max reimbursement of \$25,000)					
Façade ImprovementInterior RenovationsTenant Build Out Signage					
■ Beautification Grant (max reimbursement of \$6,000)					
LandscapingDayton Star Installation					
☐ Infrastructure Grant (max reimbursement of \$25,000)					
Note: All grants are based on a 50% reimbursement, subject to the maximum amount of each grant category.					
Project Address:					
City:State:Zip:					
Is the Project Property Owned or Leased?OwnedLeased					
Lease Rate:/sf SF Leased: Term of Lease:					
Landlord:					
Address of Landlord:					
Landlord Phone Number:					
New or Existing Business:NewExisting					
Number of Existing Employees:Full-TimePart-Time					
Number of New Employees:Full-TimePart-Time					
Description of the Project:					
Estimated Start Date: Estimated Completion Date:					

#### Verification

been furnished freely by the APPLICANT(S), herein, and further acknowledge that no rights or privileges may be relied on as a part of any application. In addition, it is acknowledged that the Dayton Economic Development Corporation may or may not grant a Business Assistance Grant based upon application or request hereunder purely as a matter of discretion, and that there is no legal right to rely on any previous actions taken in same or similar applications, or previous actions taken on other applications concerning the same or similar property. Signed and submitted to Dayton Economic Development Corporation on this, the \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_. Applicant: \_\_\_\_\_ Phone Number: The State of Texas County of Liberty Before me, the undersigned authority, on this day personally appeared , known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me and that they executed the same for the purposes therein expressed.

Notary Public in and for the State of Texas

My Commission Exp:

I (We), the undersigned APPLICANT(S), certify that all the information furnished DEDC has



Co-Applicant:		
Signature:		
Address:		
Phone Number:		-
The State of Texas County of Liberty		
Before me, the undersigned authority, on t	his day personally appeared	
	, known to me to be the persons v	vhose names
are subscribed to the foregoing instrument,	and acknowledged to me and that the	ey executed the
same for the purposes therein expressed.		
-		
	Notary Public in and for the	e State of Texas
	My Commission Exp:	



Property Owner/Landlord:	
Signature:	
Address:	
Phone Number:	
The State of Texas County of Liberty	
Before me, the undersigned authority, on this	day personally appeared
	_, known to me to be the persons whose names
are subscribed to the foregoing instrument, an	nd acknowledged to me and that they executed the
same for the purposes therein expressed.	
	Notary Public in and for the State of Texas
	My Commission Exp:



## **Submittal Requirements**

☐ Signed and notarized application
☐ Letter explaining the proposed project and the need for grant funds
☐ Certificate of Fact - Status from the Texas Secretary of State
☐ Two quotes or estimates for each category of work, including at least one quote from a Liberty County business or contractor (Please be as specific as possible and include any renderings or construction drawings that you receive)
☐ Photos of the existing property
☐ Proof of property ownership or permission from property owner to participate in the grant program (if facility is leased)
☐ Signed copy of Compliance, Eligibility and Criteria Guidelines
Note: All submittal requirements must be provided in order for your application to be considered complete.