



Small Business Grant Application

Date _____, 20__

Name _____ Phone _____

Company Name _____ Phone _____

Mailing Address _____

Business Address _____

Business Inception Date: _____

Type of Business: A. _____ Retail B. _____ Office C. _____ Manufacturing

D. _____ Other

If other, please describe: _____

Requested Grant Amount: A. _____ \$2,500 B. _____ \$5,000 C. _____ \$10,000

Grant Type: _____

Applicant:

By signing below, the applicant agrees to adhere to all procedures in the Revised 1/1/17 UG Small Business Incentive Pilot Program Plan:

Submitted by: _____, 20__

(Print name) (Signature) (Date)

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Date application came into this office: _____, 20__

Application completed in full and all documentation is attached: Yes _____ No _____

Staff initials _____