
SMALL BUSINESS MICROGRANT APPLICATION

I. GENERAL INFORMATION

Name of Business: _____

Address of Business: _____

Phone#: _____ E-mail: _____

Website: _____

II. BUSINESS DETAILS

What is the Primary Product or Service Provided by the Business:

Date Established: _____ Federal EIN: _____

Is Business Located in Pottstown Borough? Yes () No ()

Number of Employees: _____ Full-Time _____ Part-Time

What is your organization's annual revenue? _____

Business Structure:

Sole Proprietorship _____ Partnership _____ LLP _____ LLC _____ Corporation _____

III. OWNERSHIP

1. Name: _____ Title: _____

Phone: _____ Percentage of Ownership: _____

What Racial/Ethnic Group Does the Owner Identify? _____

2. Name: _____ Title: _____

Phone: _____ Percentage of Ownership: _____

What Racial/Ethnic Group Does the Owner Identify? _____

IV. DOCUMENTATION REQUIREMENTS:

The following documentation is needed to complete the application.

- Government Issued Photo ID
(e.g. Drivers License, Passport, Green Card, or even foreign ID issued by a governmental entity)
- Signed IRS Form W-9
- Local business permit or license

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V. PROJECT DESCRIPTION

How will the funds be used? _____

How will the funds impact your business? _____

Please check all that apply:

	Description of Project	Grant Funds	Total Project Cost
<input type="checkbox"/>	Procurement of Inventory	\$ _____	\$ _____
<input type="checkbox"/>	Procurement of Equipment	\$ _____	\$ _____
<input type="checkbox"/>	Procurement of Machinery	\$ _____	\$ _____
<input type="checkbox"/>	Procurement of Fixtures	\$ _____	\$ _____
<input type="checkbox"/>	Procurement of Furniture	\$ _____	\$ _____
<input type="checkbox"/>	Marketing	\$ _____	\$ _____
<input type="checkbox"/>	Working/Operating Capital–Rent	\$ _____	\$ _____
<input type="checkbox"/>	Working/Operating Capital–Utilities	\$ _____	\$ _____
<input type="checkbox"/>	Working/Operating Capital	\$ _____	\$ _____
	–Business Services (accounting, IT, website development)		
<input type="checkbox"/>	Other	\$ _____	\$ _____
	Total Costs	\$ _____	\$ _____

Agreement

By submitting this application, I confirm that I have the authority to submit this request and agree to the conditions described below. All information contained herein is true and accurate to the best of my knowledge; Should Pottstown Area Economic Development (PAED) agree to provide support requested in this application, I agree that information about program and the award may be highlighted in some of UNIVEST and/or PAED’s communications/advertising.

I recognize that we are seeking a grant from UNIVEST and/or PAED, I hereby expressly release, waive and discharge UNIVEST and/or PAED, its officers and employees from any and all claims arising out of or related to this grant application or any grant which may or may not be granted to me, as well as any subsequent dealings I may have with UNIVEST and/or PAED with respect to any consultation and technical assistance which might be provided. I understand that, without this release, UNIVEST and/or PAED will not consider my/our request.

Name of Business: _____

Print Name of Owner: _____ Owner Signature: _____

For assistance in completing this application contact PAED’s office at 610-326-2900 and a staff member will assist you. This grant is being presented and administered by PAED with funding provided by UNIVEST. The information contained in this application is intended for the confidential use of PAED.

Send the completed application to: info@paedinc.org.