

**Introduction**

PAED is pleased to offer a competitive Microgrant opportunity for small businesses to assist with expansion and operating costs. This grant is being presented and administered by **PAED** with funding provided by **Peoples Security Bank and Trust**. Grant Awards \$500 per grantee Grantees 9

**Small Businesses which meet the following criteria should apply:**

- The Business must be a for-profit entity.;
- Businesses must be legal, licensed, operating and based within the Borough of Pottstown.;
- Businesses must have at least one (1) employee but no more than five (5) full or part-time employees.;
- Business must have been in operation for at least one year and must be in operation when grant application is submitted.;
- Business is the primary source of revenue for the business owner.;
- Online and home-based businesses are not eligible to receive program funding.;
- Businesses must have physical commercial address within Pottstown Borough.
- Businesses receiving awards from the previous spring 2024 microgrant round are not eligible to submit another application for this round.

**Timeline**

Grant Application Open Date:	April 22, 2024
Deadline for Application Submissions:	May 17, 2024
Review of Applications:	May 20-24, 2024
Notify Awardees and Grant Funds Disbursement:	Within 30 days
Completed Projects Reports:	At project completion – no later than 12/16/2024

**I. GENERAL INFORMATION**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**II. 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? \_\_\_\_\_

**III. 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

**IV. 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

**V. PROJECT DESCRIPTION**

**Eligible Uses for Funds**

The awarded grants can be used for inventory, procurement of equipment, furniture, fixtures, machinery, marketing, working/operating capital - rent, utilities, business services (accounting, IT, website development).

**Ineligible Uses of Funds:**

Funds are not permitted to be used for political or religious activities, lobbying any governmental entity.

How will the funds be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will the funds impact your business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Peoples Security Bank and Trust and/or PAED's communications/advertising.

I recognize that we are seeking a grant from Peoples Security Bank and Trust and/or PAED, I hereby expressly release, waive and discharge Peoples Security Bank and Trust 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 Peoples Security Bank and Trust and/or PAED with respect to any consultation and technical assistance which might be provided. I understand that, without this release, Peoples Security Bank and Trust 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 Peoples Security Bank and Trust. The information contained in this application is intended for the confidential use of PAED.*

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