Greater Niles Chamber of Commerce

Economic Development Grant Application

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| **Local Business Worksheet** |
| **Point of Contact** | First and Last Name:  |
| Email:  |
| Cell Number:  | Office Number:  |
| Best way to contact: | [ ]  Email | [ ]  Cell  | [ ]  Office  |
| Business Role: | [ ]  Owner | [ ]  Employee | [ ]  Other: Please describe your role |
| **Business Information** | Legal Business Name: |
| dba (if applicable):  |
| Street Address:  | City: |
| State: | Zip Code: |
| Employer Identification Number (EIN):  |
| Date of Business Formation (filed with LARA): If sole proprietor, check here [ ]  |
| Business Type: [ ]  Retail [ ]  Manufacturing [ ]  Housing [ ]  Other |
| Is your business a for-profit entity? [ ]  Yes [ ]  No |
| Is your business headquartered in Michigan? [ ]  Yes [ ]  No |
| How many **FULL-TIME** employees does your business currently have? (If you are a sole proprietor, please say “1”) | Full Time \_\_\_\_\_\_\_\_\_\_\_ |
| How many **NEW** jobs are going to be **CREATED** by your business as part of this project (full and part time)? | Full Time \_\_\_\_\_\_\_\_\_\_\_\_Part Time \_\_\_\_\_\_\_\_\_\_\_ |
| ***For New Businesses******(in operation 12 months or less)*** | Identify the total square footage of the space the business is/will occupy: | Exterior Square Footage:  |
| Interior Square Footage: |
| How long had the space being activated been vacant or underutilized?  |
| When did the business open? Or when does the business plan to open?  |
| ***For Existing Businesses******(in operation more than 12 months)*** | Identify the total square footage of the interior space the business is occupying: |
| Identify the total square footage of any NEW (currently vacant or underutilized) space being activated?  | Exterior Square Footage:  |
| Interior Square Footage:  |
| How long has the space being activated been vacant of underutilized? |
| ***Required Business Plan Submission*** | * New businesses (operating 12 months or less) are **REQUIRED** to provide a copy of a detailed business plan that has been reviewed by a third-party small business resource provider.
* Existing businesses (in operation more than 12 months) have the OPTION to provide a business plan as part of the project application.
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| **Business Location** | Is your business a brick-and-mortar storefront with face-to-face operations located within your community’s traditional downtown, historic neighborhood commercial corridor, or an area planned and zoned for concentrated commercial district?  |
| [ ] Yes | [ ] No |
| Does the business lease the space it resides in?  |
| [ ] Yes | [ ] No |
| If yes, what is the remaining lease term? |
| Does the business or business owners own the building it is located in? |
| [ ] Yes | [ ] No |
| What is the current taxable value of the property?  |
| **Project Scope** | *Please describe the scope of the project, including specific activities or expenses, that you are seeking to fund through the Greater Niles Chamber of Commerce Economic Development Grant (Chamber Grant) program. Explain how the project scope aligns with the budget and cost estimates provided within this application. Additionally, describe why the Grant funds are needed in order for this project to come to fruition.* |
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| Proposed start date: |
| Proposed completion date: |
| Eligible Activities Being Considered as Part of the Project Scope (Check all that apply):[ ]  Technical Assistance [ ]  Interior Building Renovation [ ]  Permanent or semi-permanent activation of outdoor space [ ]  General marketing and/or technology [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Budget** | Grant Request:  | **TOTAL D** |
| Total Project Cost:(a minimum 10% match is required) | **TOTAL A** |
| Source(s) of matching funds: |
| Provide a detailed list of all items and cost of the work to be performed or the items to be purchased that will support a reimbursement request from Chamber Grant dollars. Be specific by providing vendor, items and quantity, and cost. |
| **Vendor** | **Item / Quantity** | **Cost** |
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| *Insert additional lines as needed.*  |
| **REQUIRED:** Attach project Cost Estimates from a Third-Party that reflect total private investment. Private investment includes any non-Chamber Grant funds that will be leveraged to implement the project within 6-months of an executed grant agreement. All costs associated with the proposed project should be reflected in the required third-party cost estimates.  |
| **REQUIRED:** Provide a minimum of three photos that represent the scope of Chamber Grant request; this should include at least one exterior photo and at least one photo of the interior of the space. |
| **Private Investment** | *Is your business meeting the required minimum cash match of 10% of the Chamber Grant request? Additionally, please describe any additional private investment - outside of the Chamber Grant request - that was or will be necessary for the completion of this project (i.e. any additional site improvements, furniture, fixtures, and equipment, or other business needs).*  |
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| Total amount of additional private investment for the project: (Excluding the Chamber Grant Request or Total Project Cost totals listed in the budget section). | **TOTAL B** |
|  | **Private Investment Calculation (Please note – all of these calculations will be included within the application.)** |
| Total Project Cost |  | **TOTAL A** |
| + Total Additional Private Investment |  | **TOTAL B** |
| = Total Project Private Investment |  | **TOTAL C** |
| * Chamber Grant Request
 |  | **TOTAL D** |
| = Project Private Investment |  | **TOTAL E** |