Grantor: \*\*\***MAIL APPLICATIONS TO:**

**SMALL BUSINESS STABILIZATION FUND Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1 E Main Street, Rm #125 GCEDC   
Bloomfield, IN 47424 4513 W. St. Rd. 54  
Phone: 812-384-2008 Bloomfield, IN 47424

**Section I- Applicant Information:**

Primary Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Applicant’s Name (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II – Company/Business Information:**

Company/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duns Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAICS Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of entity: □ Corporation □ Partnership □ Sole Proprietorship □ Limited Liability Corp

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary of State Control #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Tax Return Filed Through What Date: \_\_\_\_\_\_\_\_\_\_   
Are Any Returns Being Contested or Audited? □ Yes □ No

Name of Accountant or Accounting Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III Grant Request:**

Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Grant: □ Operational Expenses (i.e., rent, utilities, insurance, etc ) □ Payroll Expenses

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many jobs will be retained because of this grant?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average hourly wage of those employees retained: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Initial Request □ Additional Advance

Businesses can apply for up to $10,000 in funding assistance.

Located in Economic Development Target Area: □ Bloomfield □ Jasonville □ Linton □ Lyons □ Newberry □ Switz City □ Worthington

Describe how Covid 19 has impacted your business.:

How will this grant be used to assist in stabilizing your business?

Have you applied for any of the Federal Assistance programs under the CARE Act: Yes\_\_\_\_\_ No

If so, when did you apply? Have you received funding?

Section IV Business Financial Summary (averaged over last 12 months)

If funding has not been received, what is the status of your application?

**Expenses:**

Monthly Amount

Mortgage/Rent Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Loans/Lease Payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities (*Water, gas, electric phone, cable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licenses/Permits \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Other Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Credit Cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL EXPENSES $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Civil Rights: (Voluntary)**

Recipient Gender: □ Male □ Female

Race:

Hispanic/Latino:   
Other □ Veteran □ Disabled

Applications along with Income Intake Documentation Forms for each employee must be submitted by **5PM on August 20, 2021** via email: [ashley@insidegreenecounty.com](mailto:ashley@insidegreenecounty.com) OR via mail/in-person delivery to:

GCEDC

4513 W. St. Rd. 54

Bloomfield, IN 47424

**BY SIGNING THIS APPLICATION,**

**I AFFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. I WILL PROVIDE LOW TO MODERATE**

**INCOME INTAKE DOCUMENTATION FOR EACH EMPLOYEE IN THE BUSINESS.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of Applicant(s) Date