



2020 Willow Run, Suite 135 | Enid, OK 73703  
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www.growenid.com

## Application for Funding

Program: *(Please mark the appropriate program)*

Grow Enid Loan Program       Start with Enid Program       Other

Description: \_\_\_\_\_

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

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

Owner's Name(s): \_\_\_\_\_

Business Description: \_\_\_\_\_

Contact name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Narrative about why assistance is needed: \_\_\_\_\_

I hereby authorize the Enid Regional Development Alliance (ERDA) and its program partners to investigate my background and qualifications for purposes of evaluating whether I am qualified for the program for which I am applying. I understand that ERDA will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Provide with Application:

- Last 12 months profit and loss statement if existing business **OR** projected P&L statement if in business for less than 12 months
- Current balance sheet
- W-9 Form
- List of three (3) professional references