



2020 Willow Run, Suite 100 | Enid, OK 73703  
P: 580 233 4232 | F: 580 242 5603 | TDD: 1 800 722 0353 or 711  
www.growenid.com

**Application for Funding**

**Program:** *(Please mark the appropriate program)*

Microenterprise Assistance Program

**Assistance Amount Requested:** \_\_\_\_\_

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

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

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

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

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

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

Give a detailed overview of your business including how long you have been in operation (Attach additional page if necessary):

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Does your business fall under any of the following categories. (Mark All that Apply)

- Black American Owned (51% or more ownership)
  
- Hispanic / Latino Owned (51% or more ownership)
  
- Asian / Pacific Islander Owned (51% or more ownership)
  
- Native American Owned (51% or more ownership)
  
- Female Owned (51% or more ownership)
  
- Veteran Owned (51% or more ownership)
  
- Other \_\_\_\_\_

Description of Project (Attach additional page if necessary):



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Estimated Total Project Cost: \_\_\_\_\_

Equipment: \_\_\_\_\_

Land: \_\_\_\_\_

Building: \_\_\_\_\_

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

Examples of Past Projects you have completed:

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Discuss your financial need (Attach additional page if necessary):

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Describe the public benefit of the project (Attach additional page if necessary):

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Number of current employees: \_\_\_\_\_ Average wage of all employees: \_\_\_\_\_

Will this project increase # of jobs? If yes, how many?

Year 1 \_\_\_\_\_

Year 2 \_\_\_\_\_

Year 3 \_\_\_\_\_



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How much sales tax do you pay annually to the City of Enid? \_\_\_\_\_

Will this project increase your sales tax revenue? If so, by how much? \_\_\_\_\_

**Additional Documents to Attach:**

- Financials / Pro-forma
  - Last 12 months profit and loss statement if existing business  
**OR** Projected P & L statement
  - Current balance sheet
  - Oklahoma Tax Commission Report
  - Garfield County Property Tax Report
- Timeline of Project
- Renderings
- Investor and Financing information
- Capitol Expenses budget
- W-9 Form

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: \_\_\_\_\_