



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)

Grow Enid Loan Program

Sprinkler Assistance Grant

Sales Tax Rebate

Infrastructure Assistance

Other

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): _____

Estimated Total Project Cost: _____

Equipment: _____

Land: _____

Building: _____

Other: _____ Description: _____



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Examples of Past Projects you have completed:

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

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

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 _____

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? _____



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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: _____