



REGIONAL
DEVELOPMENT
ALLIANCE

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

**Equipment Assistance Program
Application for Funding**

The Equipment Grant will pay 50% of equipment purchase costs up to a possible total award of \$20,000. Equipment should increase sales, increase efficiency, add an additional product line, add additional jobs or upskill existing jobs.

Qualifications: Company must employ a minimum of 7 FTE whose average pay is equal to or greater than \$30,000 and the company must offer medical benefits where the employee pays no more than 50% of premium costs.

ERDA’s Equipment Assistance Programs is a reimbursable competitive grant. If funds are awarded, a check would be processed once ERDA receives paid receipts for the equipment and the equipment has been received by the company. Funds must be used within 6 months of the award date. An extension may be requested.

To apply for assistance an application must be completed and requested documents delivered to ERDA by 4:30 pm on January 3, 2023. The ERDA Board of Directors will review all applications at their next scheduled board meeting.

Name of Business: _____

Owner’s Name(s): _____

Contact name: _____

Address: _____

Phone number: _____

Email address: _____

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 _____

Estimated Total Equipment Cost: \$ _____ (attach corresponding quotes)

Number of current employees: _____ Average wage of all employees: _____

Number of current employees live in Garfield County or within 50 miles of Enid? _____

Will this project increase # of jobs? _____ If yes, how many over the next three years?

Year 1 _____ Year 2 _____ Year 3 _____

If you pay sales tax to the City of Enid, what do you pay annually? _____



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

In a separate document please answer each of the following questions

- Give a detailed overview of your business including how long you have been in operation.
- Detailed overview of how the funds will be utilized.
- Examples of past projects you have completed and how it benefited your business.
- What is your financial need for this business/project you are applying for?

Please Provide Additional Documents: Applications will not be considered without all the requested information.

- Financials / Pro-forma
 - Last 12 months profit and loss statement if existing business
OR 12 month projected Profit & Loss statement
 - Current balance sheet
 - Oklahoma Tax Commission Report
 - Garfield County Property Tax Report
- Timeline of Project
- Quotes for Equipment
- Investor and Financing information/plan
- Capital Expenses budget
- W-9 Form

I acknowledge that the program is structured as a reimbursement grant. If I am selected as a recipient, I must purchase the equipment and then provide proper documentation to ERDA to receive the funds. All details of the process for submitting of reimbursements will be outlined in a contract between the ERDA and the recipient. **INITIAL:** _____

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: _____