



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

**Infrastructure Assistance Program  
Application for Funding**

Businesses who require new, repaired, or improved public infrastructure to serve their location (road, water, sewer, broadband) may qualify for assistance of 50% of the total cost up to a maximum of \$25,000. Infrastructure must be for infill development only and may not extend the boundaries of existing City utilities. Infrastructure must be new or improved/repaired to solve a problem that was impacting the business and leads to increased efficiencies, increased sales and/or employment.

Qualifications: Company must employ 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 Assistance Programs are reimbursable competitive grants. If funds are awarded, a check would be processed once ERDA receives paid receipts for infrastructure items. Funds must be used within 6 months of the award date. An extension of this deadline 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 Project Cost: \$ \_\_\_\_\_

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

Number of current employees who 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? \_\_\_\_\_



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**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?
- Describe the public benefit of the project.

**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** Projected Profit & Loss statement
  - Current balance sheet
  - Oklahoma Tax Commission Report
  - Garfield County Property Tax Report
- Timeline of Project
- Investor and Financing information
- 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 submission of reimbursements will be outlined in a contract between the ERDA and the recipient. **INTIAL:** \_\_\_\_\_

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: \_\_\_\_\_