

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

MicroEnterprise Assistance Program

Application for Funding

The MicroEnterprise Assistance program is a competitive grant that will award (5) businesses \$7,500. Grant funds are to be used for any expense necessary for the operation, management, formation, or expansion of the business, such as rent, payroll, inventory, software, marketing, equipment, renovation.

Qualifications: Any type of business withing city limits with 6 or fewer employees may apply for the grant with the exclusion of multi-level marketing businesses.

To apply for the grant an application must be completed, and the 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:			
Does your business fall under	any of the following cate (51% or more ownershi		
Hispanic / Latino Owne	d (51% or more ownersł	hip)	
Asian / Pacific Islander	Owned (51% or more ov	wnership)	
Native American Owne	d (51% or more ownersh	hip)	
Female Owned (51% or	more ownership)		
Veteran Owned (51% o	r more ownership)		
Other			
Estimated Total Project Cost: \$			
Equipment: \$	Land: \$	Building: \$	
Other Costs: \$	Description of Other (Costs	



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

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

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 (If applicable)
- Timeline of Project
- Renderings (if applicable)
- Investor and Financing information/plan
- Capitol 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. **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: