



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 February 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: \$ _____

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? _____

Please Mark Your Personal Income Level (If you file taxes jointly with spouse, please include their level in the total:

<\$20,000 _____ \$20,000- 40,000 _____ \$40,000 -\$60,000 _____ \$60,000+ _____

*Required per federal guidelines of the Office of Housing and Urban Development. Verification will be required if named a recipient.

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: _____

Revised 11/6/22