



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

### Microenterprise Grant Program

Name of Business: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Business Description: \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

Description of Project (Attach additional pages if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Total Project Cost: \_\_\_\_\_

Equipment: \_\_\_\_\_

Land: \_\_\_\_\_

Building: \_\_\_\_\_

Other: \_\_\_\_\_

Description: \_\_\_\_\_



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Examples of similar projects you've completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your financial need? Provide information as to how the grant would help with this need: (Attach pages if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any public benefit of the project if applicable: (Attach pages 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:**

- Financial reports:
  - Last 12 months profit and loss statement
  - Current balance sheet
  - Oklahoma Tax Commission Report (if applicable)
  - Garfield County Property Tax Report (if applicable)
- Timeline of Project (start to finish)
- Renderings/Drawings (if applicable)
- Investor and Financing information (bank loan document, contracts, rental agreement, etc.)
- Certificate of Occupancy (if applicable)
- Budget for Capital Expenses (project related)
- Quotes for possible project work to be done (if applicable)
- W-9 Form

I hereby authorize the Enid Regional Development Alliance (ERDA) and its program partners to review my qualifications to evaluate whether I am qualified for this grant program for which I am applying. A review could result in an investigation of eligibility by an outside firm. I also understand that I may withhold my permission and in such a case, no review will be done, and my application will not be processed further.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature (if needed): \_\_\_\_\_

Date: \_\_\_\_\_

**FOR ERDA STAFF USE ONLY**

Grant Approved / Grant Denied (Circle One)

Explanation if Denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_