



Business Growth Grant Application Form

Business Information

Business Name: _____

Contact person: _____ Phone: _____

Business Inception Date in York County: _____

Current Annual Revenue: _____ Projected Annual Revenue in 2 years: _____

Current Number of Employees: _____ Projected Number of Employees in 2 years: _____

Physical address: _____

Lease or Own: _____ Home or Commercial Based: _____

Mailing address: _____

Website: _____ Email: _____

Proposed Use of Grant Funds (Attach additional sheets if necessary):

Summary of Costs

Total Estimated Cost: _____ Amount of Grant Funds Requested: _____

Examples of Acceptable Uses of Funds:

- Purchase of supplies, tools, equipment, or inventory directly associated with new equipment also being purchased with grant funds
- Advertising/marketing expenses

Please attach the following items to this application:

- Copy of Current York County Business License
- A detailed list of costs for each project listed above
- Informal narrative (maximum of 2-3 paragraphs) of where your business is now and where you hope it will be and look like in the next 12-36 months as a result of this grant assistance. How will this grant help your business grow?

I understand that grant funds will be awarded on a first-come, first-served basis and that applications may be evaluated based on the following criteria, at the discretion of the Evaluation Committee:

- proposed use of the grant funds
- length of time business has been operating
- length of time business has been located in York County
- current number of employees
- projected number of employees within two years
- current revenue
- projected revenue within two years

I confirm that any requested funds will be used for projects that meet the grant program criteria. I also understand that grants will only be awarded for work, items, and/or projects performed or received after approval of the application. All projects must be completed within 6 months of approval. Funds will be awarded to the applicant upon satisfactory completion of the project(s) in accordance with the approved application. Applicant must submit copies of all paid invoices/receipts and copies of all required permits and approvals.

I (Applicant) hereby confirm that _____ is currently a licensed business located in York County. Your business must have a current York County Business License at the time of grant application and it must have been active for at least one year prior to applying for grant funds. This license must remain paid and active until one year after the date grant funds are received. If you close and/or relocate your business out of York County within one year of receiving grant funds, you must repay 50% of the total grant awarded. I agree to provide before and after photos for any applicable project upon request for use by the York County Economic Development Office. I also agree to a short follow-up interview by OED staff 6-12 months after grant funds are received.

Signature: _____

Printed Name: _____

Title: _____

Date: _____