



STORE FRONT GRANT APPLICATION

Date of Application: _____

Business Information

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Primary Owner Information

Name: _____

Phone: _____

Email: _____

Additional Owner Information, if any:



Grant Information

Grant Amount Being Requested: _____

Total Project Value (in \$): _____

Provide a brief overview and history of your business:

If awarded, how will the Store Front Grant be used?

What is the anticipated completion date of your project(s)? _____

How many new jobs will be created with this project? _____

How many employees do you currently have? _____

What value and/or benefit does your business add to the community?

Is this property or any of the listed owners under any unresolved or unsatisfied judgments or tax liens? Yes No (If yes, provide information on the judgment/lien.)



Required Documentation

The following must be submitted with this application:

- Project Budget and Task List (i.e., scope of work)
- Proof of Matching Funds
- Business Balance Sheet and Income Statements (for the last 12 months)
- Proof of Property Ownership
- Pictures of needed improvements

Store Front Grant Application Process

Upon completion of this application and submission of all required documentation, this package will be forwarded to the SAGE Grant Review Committee for review. If recommended by the Committee, your application will be presented at the next SAGE Board of Directors meeting for approval.

*Please note that the application submittal, review, and approval process could take approximately 30-60 days, depending upon completeness of the application and funding availability.

Please Review and Sign Below

I, _____, am representing the business named above and confirm that all the information provided above is true and accurate to the best of my knowledge. I take full responsibility for alerting SAGE of any changes about this information or circumstances that would affect my service.

By accepting these terms and conditions, I understand that if it is determined that incorrect and/or incomplete information was knowingly or willfully provided or failed to be provided, San Antonio for Growth on the Eastside (SAGE) reserves the right to retrieve/recover the value of goods and services to the full extent permitted by law.

I accept these terms and conditions.

Applicant Name/Signature

Date