

Independence Economic Development Authority
Competitive Grant Application

Requestor's Name _____ Application Date _____

Business Name & Address _____

Best Phone for Contact _____ Email Address _____

Business Website/social media sites _____

Amount requested: _____

Please provide the following information:

- Please provide an explanation of how you will use the grant funds if awarded.
- If awarded, how will the grant improve your business's success rate in Independence?
- How will your business meet the needs of our local residents or support our local economy?
- Please provide documented proof you are ready to start the grant project within 120 days if awarded.
- Please provide a copy of your formal business plan.
- If a tenant, a copy of your lease.

Note: If all the above information is not provided, the application will not be considered.

I understand I am applying for a competitive grant from the Independence Economic Development Authority which is a separate entity from the Town of Independence. I understand the EDA has the right to set the grant parameters and all decisions by the EDA are final and there is no appeal process. If awarded, I agree to follow all guidelines outlined in this information packet and agree that it is my responsibility to understand and meet the requirements for the grant.

Grant applicant Name: _____

Grant application Signature: _____

Application Date: _____

EDA USE ONLY

Date Received: _____ **Received By:** _____

Date of Ranking/Decision Meeting: _____

Amount Awarded: _____

Date Decision Communicated: _____

Other Notes: