

Small Business Recovery Grant Program Application

1. **Business Name**

2. **Federal Tax ID Number**

3. **Business Address**

_____ Hilliard, OH 43026

4. **Mailing Address** (if different than business address)

5. **Applicant Contact Information**

_____ Phone

_____ E-mail

6. **Other Hilliard Business Addresses**

7. **Grant Amount Requested**

8. **Provide a very brief description of the business (i.e. restaurant, gas station, etc)**

9. **Business Start Date (Month/Year)** 10. **Number of full-time equivalent employees**

11. **Provide a detailed list of eligible project expenses that the business has purchased or plans on purchasing with the grant funds.**

Hilliard Development Corporation

Applicant/business have read and will comply with the Small Business Recovery Program Guidelines.

Applicant/business agrees that if the application is approved, it will submit receipts and invoices within thirty days of approval notification.

Applicant/business affirmatively covenant that none of the costs submitted with this application have or will be reimbursed by any other federal, state or local programs.

Applicant/business agree that by signing and submitting this application, will be bound by the terms and conditions of the grant program.

Applicant/business affirmatively covenant that the information contained in and submitted with this application is complete and correct to the best of my/our knowledge.

Signature

Name of Applicant

Date

Submit completed applications by e-mail to: business@hilliardohio.gov