

Central City



Central City Growth Organization & City of Central City

SMALL BUSINESS GRANT PROGRAM APPLICATION FORM

Central City Growth Organization
137 4th St N, PO Box 338
Central City, IA 52214
Ph. (319) 387-7980
centralcitygo@gmail.com

Small Business Grant Application Form

Name of Applicant: _____

Mailing Address: _____

Phone Number: Work/Home _____ Cell: _____

Email: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Hours of Operation: _____

Website (if applicable): _____

Federal Tax ID# (if applicable): _____

Business Plan Summary

Describe Business Model (include number of jobs created)

Products and/or Services to be Offered

Target Market/Customer Profile

Competitive Advantage (describe the need for your service or product in Central City)

Marketing Plan

Biographical Summary (brief outline of experience)

How will the awarded money be used?
(This is a matching grant – Grant Funds should be equal to or less than the Owner Investment for each line item. Total Grant Funds requested should not exceed \$5,000.)

| Item/Project Description | Total Cost | Owner Investment | Grant Funds |
|--------------------------|------------|------------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| Total | | | |

Required Attachments

1. **Business Plan** (attach complete plan if space above is not sufficient)
2. **Proof of Business Structure**
3. **Marketing Plan** (attach complete plan if space above is not sufficient)
4. **Profit & Loss Projection (monthly & annual)**
 - You may submit your own P&L form or request a template from us via email
5. **Credit Information Release** (form is on the next page)

Under penalties of perjury, I/we declare that I/we have examined this application and its content, and to the best of my/our knowledge and belief, it is true, accurate, and complete.

Signature of Applicant/s:

Date: _____

Date: _____

Date: _____

(CCGO Board Use only)

Grant applications will be reviewed and awarded by the Central City GO Board of Directors.

Project meets general approval of Central City Growth Organization Yes ☐ No ☐

If no, reason/s for denial: _____

Signatures: _____ Date Approved: _____

CREDIT INFORMATION RELEASE

For the purpose of procuring credit information pursuant to this grant application, authorization is hereby given to Heartland Bank & Trust or Ohnward Bank & Trust, and/or their agents, to verify in any manner deemed appropriate and to investigate my past credit obligations and payment history.

Furthermore, in order to maximize funding opportunities, I authorize Heartland Bank & Trust or Ohnward Bank & Trust, and/or their agents, to share credit information in my application and credit history with local development organizations, financial institutions, and county, state, and federal agencies for the purpose of securing financing.

I understand that all information provided will remain in strict confidence.

Additionally, I hold Heartland Bank & Trust or Ohnward Bank & Trust, and/or their agents, harmless for any information that it discusses with, or discloses to, other entities as described above.

Date: _____

Signature: _____

Printed Name: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____

Printed Name: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____

Printed Name: _____

Social Security Number: _____ Date of Birth: _____