APPLICATION
E-Commerce Grant

Business Information

Business Name: _____

Contact Person: _____ Phone: _____

Business Owner Name: _____ Phone: _____

Ownership structure (if applicable): _____

Number of Years in Business in Mecklenburg County: _____

Total Years in Business (Mecklenburg or elsewhere): _____

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

Business Address: _____

Parcel Record Number: _____

Website (if applicable): _____

Email: _____

Chosen Service Provider(s)

Business Name: _____

Business Address: _____

Contact Person: _____ Phone: _____

Written Summary of Proposed Work:

How will this grant help to improve your business?

Mecklenburg COUNTY, VIRGINIA

Summary Of Costs

Quoted Project Cost: _____ Grant Funds Requested: _____

(50% of total estimated costs up to $10,000)

Please Attach

1. Copy of current business license (if applicable)
2. Complete and signed IRS Form W-9
3. Two individual, detailed quotes obtained for this project

Confirmation of Understanding

I understand that applications will be reviewed and scored by a Grant Review Committee based on established evaluation criteria (see list below). Submission of an application does not guarantee funding. Grant awards are competitive and will be made by the Industrial Development Authority upon the recommendation of the Grant Review Committee, subject to the availability of funds. A maximum of two (2) grants of this type will be awarded during any of the twelve (12) month period. Only the highest-scoring eligible applications will be considered for funding.

- Proposed use of the grant funds
- Length of time business has been operating
- Length of time business has been located in Mecklenburg County
- Current number of employees
- Projected number of employees within two years

I (Applicant) hereby confirm that _____
is currently an active (and licensed if required) business located in Mecklenburg County. My business has a current business license at the time of this grant application, and I have been active in business for at least one year prior to applying for these grant funds. I understand that my business license must remain paid and active until one year after the date grant funds are received. If I close and/or relocate my business outside of Mecklenburg County within two years of receiving grant funds, I must repay 50% of the total grant awarded.

Signature: _____

Printed Name: _____

Title: _____

Date: _____