



## **Home-based Business Transition Grant Application Form**

**Date Submitted:** \_\_\_\_\_

### **Business Information**

Business Name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Business Inception Date in York County: \_\_\_\_\_

Current Annual Revenue: \_\_\_\_\_ Projected Annual Revenue in 2 years: \_\_\_\_\_

Current Number of Employees: \_\_\_\_\_ Projected Number of Employees in 2 years: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Proposed Use of Grant Funds:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Proposed Cost**

Total Estimated Cost: \_\_\_\_\_ Amount of Grant Funds Requested: \_\_\_\_\_

Expected Commercial Location Move-in Date: \_\_\_\_\_

### **Recommended Uses of Funds:**

- Purchase of supplies, equipment, or inventory
- Down-payments towards the lease or purchase of a commercial location
- Renovations or minor repairs to a new commercial location
- Advertising/marketing

***Please attach the following 2 items to this application:***

- Copy of Current York County Business License
- Informal narrative (maximum of 2-3 paragraphs) of where your business is now and where you hope it will be and look like in the next 12-36 months as a result of

transitioning your business from your home to a commercial location. How will this grant help your business grow?

I understand that grant funds will be awarded on a first-come, first-served basis and that applications may be evaluated based on the following criteria, in the discretion of the Evaluation Committee:

- proposed use of the grant funds
- length of time business has been operating
- length of time business has been located in York County
- current number of employees
- projected number of employees within two years
- current revenue
- projected revenue within two years

I also understand that grants will only be awarded for work, items, and/or projects performed or received after approval of the application. All projects, including relocation of the business to a commercially-zoned location in York County, must be completed within 6 months of approval. Funds will be awarded to the applicant upon satisfactory completion of the project(s) in accordance with the approved application, and the relocation of the business to a suitable commercial property in York County. Applicant must submit copies of all paid invoices/receipts and copies of all required permits and approvals.

I (Applicant) hereby confirm that \_\_\_\_\_ is currently a home-based business located in York County looking to transition to a commercially-zoned location in York County. Your business must have a current York County Business License at the time of grant application and it must have been active for at least one year prior to applying for grant funds. This license must remain paid and active until two years after the date grant funds are received. If you close and/or relocate your business out of York County within two years of receiving grant funds, you must repay 50% of the total grant awarded.

I acknowledge that I must purchase or lease and relocate the business to commercial property in York County within 6 months of grant approval in order to receive grant funds and that if my business relocates outside of York County within two years of grant approval, I must repay 50% of all grant funds provided. I also agree to a short follow-up interview by OED staff 6-12 months after grant funds are received.

Signature: \_\_\_\_\_

Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_