

# APPLICATION E-COMMERCE GRANT



## BUSINESS INFORMATION

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

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Years in Business in York County: \_\_\_\_\_ Total Years in Business (York or Elsewhere): \_\_\_\_\_

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

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

Website (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Woman/Minority Owned?: \_\_\_\_\_

## CHOSEN WEBSITE PROVIDER(S) *Attach additional sheets if necessary*

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

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Written Summary of Proposed Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUMMARY OF COSTS

Quoted Project Cost: \_\_\_\_\_

Grant Funds Requested: \_\_\_\_\_

*(50% of estimated costs up to \$750 or up to \$1,250 for  
veteran/active-duty spouse or SWaM)*

## PLEASE ATTACH

1. Copy of current York County business license
2. Completed and signed IRS Form W-9
3. Veteran/active-duty spouse or SWaM documentation, if applicable
4. Two (2) individual, detailed quotes obtained for this project

## CONFIRMATION OF UNDERSTANDING

I understand that grant funds will be awarded on a first-come, first-served basis, and that any requested funds must be used for projects that meet the grant program criteria. I also understand that grants will only be awarded for work performed after approval of this application and that all work must be completed within one (1) year of approval. I understand that funds will be awarded only upon satisfactory completion of the project, in accordance with the approved application. I understand I must submit copies of all paid invoices/receipts in order to receive grant funds.

I (Applicant) hereby confirm that \_\_\_\_\_  
is currently a licensed business located in York County. *Your business must have a current York County business license at the time of grant application and this license must remain paid and active until one year after the date grant funds are received.*

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

Printed Name: \_\_\_\_\_

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

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