

APPLICATION

HOME-BASED BUSINESS TRANSITION GRANT



BUSINESS INFORMATION

Business Name: _____

Contact Person: _____ Phone: _____

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: _____

Website: _____ Email: _____

PROPOSED USE OF GRANT FUNDS *Attach additional sheets if necessary*

Recommended Uses of Funds:

- *Purchase of supplies, equipment or furnishings (related to new equipment only)*
- *Down payments toward the lease or purchase of a commercial location*
- *Renovations or minor repairs to a new commercial location*
- *Advertising/marketing related to new commercial location*

SUMMARY OF COSTS

Total Estimated Cost: _____ Grant Funds Requested: _____
(50% of total estimated costs up to \$2,500)

Expected Commercial Location Move-in Date: _____

PLEASE ATTACH

1. Copy of current York County business license
2. Completed and signed IRS Form W-9
3. Copy of all quotes obtained for this project
4. Informal narrative (maximum 2-3 paragraphs) of where your business is now and where you hope it will be in the next 12-36 months as a result of this grant assistance. How will this grant help your business grow?



CONFIRMATION OF UNDERSTANDING

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, at the discretion of the evaluator:

- 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 one (1) year 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 licensed home-based business physically located in York County at the time of grant application. *This license must remain paid and active until at least two years after the date grant funds are received. If you close and/or relocate your business out of York County within one year 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 six 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.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

