

GRANT REQUEST

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| DATE SUBMITTED | |
| CONTACT PERSON/TITLE: Email: Phone Number: | |
| LOCATION OF BUSINESS | |
| ENTITY REQUESTING FUNDING | |

I. DESCRIPTION OF PROJECT

II. HOW WILL THE FUNDING IMPACT YOUR COMMUNITY?

III. TOTAL COST OF PROJECT (Please attach supporting documents to verify the cost, i.e., invoices, fee schedules, etc.):

IV. HOW MANY JOBS WILL BE CREATED OR PRESERVED AND AT WHAT SALARY OR HOURLY RATE?

V. IS THIS A RETAIL OR COMMERCIAL ENTERPRISE/NEW OR EXPANSION?

VI. WHAT IS THE LIFE OF THE PROJECT?

VII. WHAT AMOUNT OF MATCHING FUNDS CAN THE APPLICANT PROVIDE?

SSC Rural Business and Resources Center

P.O. Box 351 * Seminole, OK * 74818 * 405-382-9540