



OFFICE OF COMMUNITY DEVELOPMENT

City Hall | 340 North Washington Avenue | Scranton, PA 18503 | 570.348.4216

MicroGrant Application

I. GENERAL INFORMATION

Name of Business: _____

Type of Business: _____

Date Business Established: _____

Federal Tax I.D: _____ DUNS #: _____

Address of Business: _____

Telephone : _____ E-mail: _____

Contact Name : _____

II. OWNERSHIP & MANAGEMENT STRUCTURE

What is your business' organizational structure?

Sole Proprietorship ____ Corporation ____ Partnership ____

LLC ____ Limited Partnership ____

List all proprietors, partners, and/or stockholders with at least 20% ownership in the business:

1. Name and Title : _____

Address : _____

Phone Number : _____ Percent Ownership : _____

2. Name and Title : _____

Address : _____

Phone Number : _____ Percent Ownership : _____

3. Name and Title : _____

Address : _____

Phone Number : _____ Percent Ownership : _____

MICRO GRANT APPLICATION

III. PROJECT BUDGET & FINANCIAL INFORMATION

Please check all scopes of the project that apply:	Estimated Project Cost:
() Purchase of Machinery/Equipment	\$ _____
() Working Capital	\$ _____
() Inventory	\$ _____
() Other _____	\$ _____
Total Project Cost	\$ _____

Does the owner/s have at least 10% CASH equity contribution to the project. (Yes) (No)

IV. DESCRIPTION

1. Does the business owner reside within Scranton? (Yes) (No)
2. Is the business a franchise? (Yes) (No)
3. How does your business location benefit the Low to Moderate Income Area?

4. Do you attest that you have obtained or applied for all local, state and federal licenses, permits, and registrations to operate? (Yes) (No)
5. Is your business registered with the State of Pennsylvania? (Yes) (No)
6. Are you registered with the Single Tax Office? (Yes) (No)

V. DOCUMENTATION REQUIREMENTS:

The following documentation is needed to complete the application and ALL should be submitted electronically.

1. A business plan/narrative including budget and timeframe of the activities.
2. Include a list of all financial backing for the project. (Loans/Investors/etc.
3. A letter of recommendation from SBDC.

TESTAMENT

I/We, the undersigned, request and authorize acceptance of this Micro Grant Application for review, consideration and verification purposes to the City of Scranton, Office of Community Development. I/We hereby certify that the information contained herein and the attachments hereto are accurate and complete. I/We attest that all Federal, State and Local taxes have been paid and have been filed, as required by Law. Furthermore, I/we understand that any and all proceeds from this loan will not be used to pay existing debt and/or satisfy terms of a bridge loan, as mandated by the U.S. Department of Housing and Urban Development (HUD).

The information contained herein is intended for the confidential use of The City of Scranton, Office of Community Development (OECD).

I/We recognize that we are seeking a loan/grant from a governmental agency which administers federal funds and in consideration of Lender reviewing this application, I/We hereby expressly release, waive and discharge the City of Scranton, the Office of Community Development, its officers and employees from any and all claims arising out of or related to this loan/grant application or any loan/grant which may or may not be granted to me, as well as any subsequent dealings I/we may have with the City of Scranton and/or OCD with respect to any consultation and technical assistance which might be provided. I/We understand that, without this release, the City of Scranton or OCD will not consider my/our request.

A photographic of this authorization (being a photographic of the signature (s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

Name of Business: _____

Address of Business: _____

Name of Owner: _____

Owner Signature: _____