

Cambridge Downtown Grant Fund Application

General Business Information			
Business Name			
Business Address			
City, State Zip			
Property Address			
Trade Name or DBA			
Contact Person			
Telephone		Email	
Type of Business			
Corporation (list type)			
<input type="radio"/> Sole Owner <input type="radio"/> Partnership <input type="radio"/> Other			
This is a <input type="radio"/> New Business / Startup <input type="radio"/> Existing Business (<i>How many years in business?</i> _____)			
Description of business			
Number of Employees Full Time _____ Part Time _____			

Sources of Funds (the City will pay 50% match, up to \$15,000 but you need to identify where your other funds are coming from. Grant proceeds are paid after proof of payment to contractor and project is 100% complete.)	
Personal/Business Cash	\$
Bank Loan Amount	\$
Grant Request (maximum \$15,000)	\$
Total Funds	\$

Proposed Project Start Date _____

Proposed Project Completion Date _____

Please note that grant guidelines require the project to be fully completed within one year.

Signature of Company Official

Date

By signing this form, I am assuring the City of Cambridge that I have the legal right to bind my company to a legal agreement.

Please return the completed form to: Alex Smith
Deputy City Administrator
300 3rd Avenue NE
Cambridge, MN 55008