

Sanpete County Business Expansion Grant Program

Economic Development Grant Funding



SANPETE COUNTY BUSINESS EXPANSION GRANT PROGRAM 2024

Application

ENTITY INFORMATION

Legal Entity Name:

Trade Entity Name (DBA):

Address:

City:

State:

Zip:

Mailing Address (if different):

City:

State:

Zip:

EIN/SSN:

Utah Business Entity Number:

Primary NAICS Code and Industry:

Year Established:

PRIMARY CONTACT INFORMATION

First Name:

Last Name:

Title:

Email:

Work Phone:

Mobile:

Section 1: General Project Information

Please provide a detailed project description in the space below.

Please describe the anticipated economic development impact of the project (i.e. job creation, property tax, etc).

Please provide a timeline of the project.

Number of Full-Time Job Creation:

Number of Part-Time Job Creation:

Avg. New FT Salary:

Avg. New PT Salary:

Section 2: Budget Information

Funding Amount Requested:

Cash Match Amount:

In-Kind Match Amount:

Please provide a budget of the anticipated project including and detailing the required match of one to one.

If more space is needed, please attach a separate document.

Section 3: Business Agreement & Signature

The following required documents are attached to the application:

- current W-9;
- business license issued by Wayne County or local municipality (if applicable);
- IRS determination letter (**nonprofits only**)
- supporting financial documentation;

I authorize the Sanpete County CED Board to verify the information provided in this application and the accompanying documentation of my application. I agree that an audit may be performed to verify the information and representations set forth herein.

I am authorized to submit this application and accept this grant on behalf of the entity name in this application. Funds provided through this agreement and application are considered government financial assistance. If audit findings determine that any funds were obtained or expended by the recipient in violation of this program or application, I agree to make full repayment of those funds.

Name:

Signature:

Date:

Title:

Conflict of Interest Disclosure Form

Date: _____

Name: _____

County/City Office: _____

Position within the City/County: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), related parties or circumstances that you believe could contribute to a conflict of interest between the Sanpete County Business Expansion Grant Program and your personal or professional interests, financial or otherwise:

_____ I have no conflict of interest to report

_____ I have the following conflict of interest to report:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Date: _____