## **BUSINESS/COMMUNITY ENHANCEMENT PROGRAM GRANT APPLICATION**

	FORM #1
1.	Name of business organization applying for funding:
	Address:
	Phone: Fax:
	E-mail: Application contact person:
	Address: (if different from above)
	Amount of the grant you are seeking: \$
	Brief description of Project:
	Has your organization received funding from Niagara County in the past three years? Yes No
	Important: If yes, on a separate sheet, give the date, amount and description of what the funding was used for.
	Name, title, & phone number of representative attending ceremonial check presentation:
	Date of this application:

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FORM #2				
Business Organization Name:				
Contact Person:				
Phone:	Fax:			

Please indicate below, **using attachments**, proof of any documentation indicating that your business organization has existence as authorized by lawÁe.g. correspondence from the IRS, certification of incorporation, certification of assumed name, etc.) D'YUgY']bWi XY'UWcdmicZ mci f'c[fUb]nUf]cbfg'a cghfYWfbha YYf]b[ 'a ]bi hYg''

(check) \_\_\_\_\_ Documents are attached

## **BUSINESS/COMMUNITY ENHANCEMENT PROGRAM GRANT APPLICATION**

FORM #3				
Business Organization Name:	_			
Contact Person:	_			
Phone: Fax:				

List below <u>a detailed project plan, budget and timeline for project completion</u>. Please list elements of your project with corresponding costs. If you are requesting a \$5,000 grant you must provide a project plan & budget that totals \$10,000, as this is a matching funds program. Please attach to this form, a <u>notarized</u> letter on your <u>organization's official letterhead</u> from your organization's <u>treasurer</u>, stating that your organization has sufficient matching funds for the project as of the date of this application.

(check) \_\_\_\_\_ Documents are attached