

**Small Business Grant Application for Dearborn County COVID Relief Grant
Funded through OCRA Phase II COVID Relief Program**

Business Information

Borrower/LLC		Tax ID:	
Business Name (if different):		Tax ID (if different):	
Primary Contact:		Primary Contact Phone:	
Email Address:		Other Contact Information:	

Type of Business

Check Applicable Industry & Specify the Business Type

<input type="checkbox"/> Retail	Specify type of retail/product:
<input type="checkbox"/> Service	Specify service offered:
<input type="checkbox"/> Manufacturing	Specify product:
<input type="checkbox"/> Agriculture	Specify product:

Owner Information

Physical Address:	City:	Zip:
Mailing Address (if different):	City:	Zip:

Grant Amount Requested (\$10,000-\$50,000):

Grant Purpose Summary

Projected Impact

Pre-COVID Employment	
Full-time employees:	Part-time employees:

Will new jobs be created?

If yes, how many over a three-year period?

Yes No

Other Impact Details:

Business History Summary (include other COVID related grants received):

Submission Acknowledgement

As authorized agent of the Applicant Company, I hereby submit this Loan Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by the Loan Review Committee. I further understand that this document in no way constitutes a commitment of funds by the Loan Review Committee or any other supporting entity.

(Applicant's Printed Name)

(Applicant's Printed Name)

(Title)

(Title)