



APPLICATION FOR FINANCIAL ASSISTANCE
Small Business “Micro” Grant for Startup Businesses
(75% of total project cost, not to exceed \$5,000)

Please complete the application below and gather all required information.
Return the application along with all required information **either in person or by mail to:**
City Hall, Economic & Community Development Office, 2nd Floor
111 North Main Street, Bristol, CT 06010

1. Company Name _____
Contact Name _____ Title _____
Company Address _____
Telephone _____

Physical Location of Business (if different from address)

2. Please describe your request for financial assistance:
Project Description (1000 Character Limit)

Total project cost: _____ Project Quotes Attached _____
(based on low bid)

Amount of project cost requested from **City of Bristol:** _____
(75% of total project cost, not to exceed \$5,000)



3. Please describe the business (1000 Character Limit)

Major Customers: (1000 Character Limit)

4. Most recent Federal Tax Return for business: Attached _____

5. Project Information:

Cost of building/permanent stie improvements/additions:

Square footage of improvements/additions:

Cost of equipment purchases:

List equipment purchases:

If obtaining financing from a bank or lending institution, please include proof of commitment.

Attached _____

Not Applicable _____



6. Affidavits Required

I, _____, _____, _____
Name of Applicant Title Name of Company

Company Address

hereby state that there is no existing or pending litigation against _____,
and there is no delinquent Federal, State, or local taxes.

Affidavit Signature

Address

7. In your opinion, please state factors the Committee would consider as benefits to support your proposal. Include such considerations as the economic and social benefits of your project to the City. (500 Character Limit. Attach as necessary).

Applicant Signature

Date

*****APPROVALS – FOR CITY USE ONLY *****

Economic Development
Date _____

City Council
Date _____

Board of Finance
Date _____

Joint Board Committee
Date _____

Recommended Amount: _____

Amount: _____

Conditions _____