

Martin Luther King Corridor Improvement Authority Entrepreneurial and Real Estate Fund Application

Grants available for existing businesses and start-up businesses				
Name of entity or individu	al			
Date of Application		Current Number of Employees		
Date of Application Total Amount you are		Number of Employees when		
requesting		grant is completed		
	d Amounts you are Applyin			
Select Available Grants an	Available Grants	g 101.	Amount Requested	
Real Estate/Capital Grant	For Small Businesses		•	
Allows for the business to finish or enhance the space to their own exact, necessary criteria for business. Examples include Facade improvement, lighting, licensing, permitting and inspection fees, drywall, kitchen hood, etc.				
Business/Operating Grant For Small Businesses To invest in operating expenses like office space rent, insurance, Employee wages, inventory, etc.				
Technical Assistance Grant For Small Businesses				
Includes items like website design, accounting or bookkeeping assistance, legal consultation, technology upgrades, environmental or architecture consultation, etc.			\$	
Maximum requested amount is \$50,000				
Business Details:				
Business Name				
Contact Person				
Business Address		Project Address if Different		
Business Phone		Cell Phone		
Email		Website		
EIN		Social Security Number		
Home Address				
Home Phone				
		Iding along the MLK Corridor?		
Are you a women owned, minority owned or other disadvantaged business enterprise?				

Business Information:			4000/			
	officers or partners. Identif	y each person's share for a total of	100%			
ownership.	T	T	l			
Name/Title	Social Security Number	Home Address	% Owned			
	 	4	<u> </u>			
	<u> </u>					
	-	-				
		_1				
Type of Business (Please s						
LLC Partnership	Corporation	S Corporation	Nonprofit			
*If other, please specify:	<u> </u>					
Goods Produced/ Services	5					
Offered						
	<u></u>		Т			
How long has this business	s been in existence?		#			
Planning:		Yes	s No N/A			
Have you consulted with t	the City of Jackson Planning	Department about this project?				
	-	Department about necessary perr				
	• •	affiliates currently have in the past	•			
		ents or outstanding property code	violations? If			
yes, give details on a separate sheet.						
Project Information:						
Describe the project and/o	or technical assistance need	ded:				
Will this project create job	os?	#				
Itemized Project Costs:		Sources of Funds for Project:				
Item	Cost	Source	Amount			
	\$	Grant Requested on this form	\$			
	\$	Bank Loan	\$			
	\$	Other:	\$			
	\$	Other:	\$			

*Total Cost of Project and Total Sources must equal

Total Sources:

Total Cost of Project*

\$

\$

Bank Information:			<u> </u>	
Name of Bank		Loan Officer	-	
Address		Phone		
Receivership Infor	mation:			
Has applicant or a	ny affiliate or any other concern	been connected with or ever been in	n receivei	rship
or bankruptcy?				
Yes		No		
If yes, please expla	in on a separate sheet	•		
What is the primar	ry source of repayment?			
		•		
Debt/Credit Statu	s:			
Financial Institutio	ns:			
Name	Contact Information	Loan Balance	Amoun	t
			\$	
			\$	
			\$	
			\$	
			\$	
Suppliers: (Ex: Lov	ves or Menards Business Credit	Card)		
Name	Contact Information	Loan Balance	Amoun	t
			\$	
			\$	
			\$	
			\$	
			\$	
Other:				
Name	Contact	Loan Balance	Amoun	t
			\$	
Conflict of Interes	t Declaration			
Are you related to	or do you have business dealing	s with the City of Jackson, a Council		
member, employees or agents, consultants of the City of Jackson? Failure to disclose			Yes	N
this information may result in being disqualified for a grant. (If yes, give name and				No
	ate sheet.)	5 () , 0		I

Certification of Information:

I (We) certify that the information obtained in this application and other support documents are true and accurate.

I understand that a knowingly made false statement or misrepresentation in this application is cause for denial of a grant.

I understand that my signature serves as an affidavit regarding my equity position and I will postpone purchases for this project until final approval is given.

Any other use of funds other than as requested constitutes fraud.

In consideration for accepting this application, I the undersigned hereby authorizes the City of Jackson to seek and obtain from whatever sources needed to evaluate the credit worthiness of the applicant and the business for which the grant is being requested.

I understand that this application remains the property of the City of Jackson.

I understand that this application and potential grant is subject to review by the MLK CIA Grant Committee.

Signature(s): Sign Name Print Name Date				
Sign Name	Print Name	Date		
1				
2				
3				

Please return this application to:

City Hall - 14th Floor 161 W. Michigan Ave Jackson, MI 49201

or

Jackson Community Foundation 100 S. Jackson St., #200 Jackson, MI 49201