



Thank you for your interest in the St. Johnsbury Chamber of Commerce Technical Assistance program. In order to process your request, please provide the following items.

Items that are attached for your completion and/or signature:

- Application (to be signed by all business owners and co-owners)
- Assurance Agreement
- RBDG Required Certification

Items that need to be prepared and/or provided by you:

- Most recent 12 month profit and loss statement and balance sheet for existing business.
- Proposals/quotes for the project – if available
- REQUIRED** for businesses with less than one year of operating history under current owner: Business Plan, including two years of projections.

It is important that you do NOT spend money before an application has been approved.

Please feel free to call me at 802-748-8575 or to email me at director@discoverstjohnsbury.com if you have any questions. Thank you.

Sincerely,

Tara Robinson Holt
Director



Application for St. Johnsbury Business MicroGrant Program

If you need assistance completing this application, please call us at 802-748-7121

Part A: BUSINESS / APPLICANT INFORMATION

REGISTERED Name of Business _____ Primary Business Activity _____

Legal Structure (check one): Sole Proprietor Corporation (S or C)
 Limited Liability Company (LLC) Limited Partnership (LP)
 Limited Liability Partnership (LLP) Other: _____

Registered in State of _____ Business Tax ID# (EIN) _____ NAICS Code _____
 How many years has the business been operating under its current ownership? _____

Physical/Street Address _____ City/Town _____ State _____ Zip _____ County _____

Mailing Address (if different) _____ City/Town _____ State _____ Zip _____ County _____

Business Phone: _____ Business Website: _____

Business Fax: _____ Primary Business Email: _____

How many employees (including owners) does the business have? _____ Full Time* _____ Part Time**

How many employees will you hire as a result of this project? _____ Full Time* _____ Part Time**

*Full Time equals 30.5 hours or more/week **Part Time equals less than 30.5 hours/week

Business Debt (please include all business debt, including credit cards, long term leases, auto loans, lines of credit, mortgages, business loans, etc. – use additional pages if necessary):

| Creditor: | Description | Monthly | Balance |
|-----------|-------------|---------|---------|
|-----------|-------------|---------|---------|

Please describe the project to accomplish _____

| Assistance Requested for: | \$ Amount: | Expected Outcomes: |
|---------------------------|------------|--------------------|
| | | |
| | | |
| | | |
| Total Project Cost | | |

Undersigned hereby certifies that the enclosed application information including all attachments, exhibits, schedules, and supporting documents are valid, accurate and complete as of the stated date(s). False statements may result in the forfeiture of benefits. I/We authorize disclosure of all information submitted in connection with this application to any financial institution interested in participating in this financing. I/We understand that the St. Johnsbury Chamber of Commerce award decision may be a matter of public record, since some of the Technical Assistance funds are derived from state or federal sources.

Applicant agrees that:

- I have thoroughly reviewed the grant request and I am certain that I want to proceed with the application.
- I understand that it is my responsibility to provide all pertinent information about the project to the St. Johnsbury Chamber of Commerce.
- I understand that I may be responsible for a portion of the project to be determined based on the source and availability of funding.
- I understand that my entire share of the project cost is due and payable at the contract signing.
- I agree that it is my responsibility to keep the St. Johnsbury Chamber of Commerce informed of any relevant changes, from application submittal to project conclusion.
- I understand that major changes to the scope of work or delay once a contract has been issued, may increase costs and will be my responsibility.

Business: _____

By: _____ Date: _____

Signature

Printed Name: _____

Title: _____

Business Owner, Individually:

Business Co-Owner, Individually:

Signature

Signature

Printed Name: _____ Printed Name: _____

Date: _____

Date: _____

St. Johnsbury WORKS (DBA the St. Johnsbury Chamber of Commerce) is an equal opportunity employer, lender and provider. Funding from this program is provided without regard to sex, marital status, race, color religion, national origin, age physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

*Mail or deliver application and
supporting documents to:
Tara Robinson Holt
St. Johnsbury Chamber of Commerce
51 Depot Square
St. Johnsbury, VT 05819*



RBDG Required Certification
Technical Assistance - Business Assisted

NAME OF BUSINESS: _____

1. I / We certify that at least 51 % of the outstanding membership or ownership of the business to be assisted is held by citizens of the United States or are persons that reside in the United States and have been legally admitted for permanent residence.
2. I/We certify that the business is a small business (has fewer than 50 employees and generally less than \$1 million in gross revenue).
3. I / We, along with all principal officers of the business (including immediate family members) hereby certify that:
 - A. I / We hold no legal or financial interest or influence in the intermediary and;
 - B. The intermediary and its principal officers (including immediate family) hold no legal or financial interest or influence in the applicant business.
4. I / We hereby certify that the undersigned and the proposed business (or any of its principals) are not delinquent on any Federal debts.
5. The applicant or any person holding 20% or more interest hereby by certifies that they are not delinquent on any Federal Debt.
6. I/We hereby certify that the undersigned and the proposed business (or any of its principals) are not government employees, military personnel, or principals or employees of the intermediary or organizations for which such persons are directors or officers or in which they have ownership of 20 percent or more.
7. Average Hourly Wages: \$_____.

Signature/owner: _____ Date: _____

Signature/co-owner: _____ Date: _____

Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor the Provider's compliance with the Equal Credit Opportunity Act.

You are not required to furnish this information, but are encouraged to do so.

The law requires that the Provider may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Provider is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

Owner

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

- I do not want to furnish this information

- Latino or Hispanic
- Non-Latino or Non-Hispanic
- Other

- Male
- Female

Co-Owner

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

- I do not want to furnish this information

- Latino or Hispanic
- Non-Latino or Non-Hispanic
- Other

- Male
- Female