



CITY OF GROTON  
CONNECTICUT  
ECONOMIC DEVELOPMENT COMMISSION  
Business Soft Cost Grant Program  
**Application**

**1. Applicant Information:**

- ◇ Applicant Name: \_\_\_\_\_ Print
- ◇ Applicant Home address: \_\_\_\_\_  
\_\_\_\_\_ Town \_\_\_\_\_ zip
- ◇ Applicant email: \_\_\_\_\_
- ◇ Applicant phone: \_\_\_\_\_ Cell \_\_\_\_\_ Business, if different

**2. Business/Organization Information**

- ◇ Legal Business Name: \_\_\_\_\_ Print
- ◇ Street Address: \_\_\_\_\_ Groton, CT 06340
- ◇ Building Owner, if different than Business Owner  
Name: \_\_\_\_\_ Print
- Mailing Address: \_\_\_\_\_ Phone
- ◇ Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(ex. Service, retail, Industrial, commercial, food, research.....)
- ◇ Business Federal Tax ID Number or Employer ID Number (TIN or EIN): \_\_\_\_\_
- ◇ Business Owner Name: \_\_\_\_\_
- ◇ Title: \_\_\_\_\_ Email: \_\_\_\_\_
- ◇ Phone: \_\_\_\_\_
- ◇ New Business \_\_\_\_\_ New location \_\_\_\_\_ Expansion \_\_\_\_\_ Other \_\_\_\_\_



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◇ Number of Current Employees: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

◇ Is Business Owner also an employee? \_\_\_\_\_Y \_\_\_\_\_ N

◇ Number of Proposed/Future employees: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

**3. Grant Reimbursement Project**

◇ Description of Business Costs for which reimbursement is requested: \_\_\_\_\_

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◇ Total cost of Project: \_\_\_\_\_(ex.\$0,000)

Attach invoice or bill from contractor or service provider **and** proof of your payment to this sheet

◇ Reimbursement Amount requested: \_\_\_\_\_(ex. \$0,000)

(NOTE: \$1,000. is the maximum request and no payment will be reviewed without submittal of invoice/bill and proof of payment.)

**4. Other Required Information**

◇ Business Owner current or following a payment plan on all taxes, fees in the City of Groton and Town of Groton , including Groton Utilities. \_\_\_\_\_Yes \_\_\_\_\_NO

◇ Property Owner current or following a payment plan on all taxes, fees in the City of Groton and Town of Groton, including Groton Utilities. \_\_\_\_\_Yes \_\_\_\_\_NO

◇ Property Owner is involved in litigation with Town or City of Groton. \_\_\_\_\_Yes \_\_\_\_\_No

◇ Business Owner is involved in litigation with Town or City of Groton. \_\_\_\_\_Yes \_\_\_\_\_No

**Note: This information will be verified by staff prior to review of the reimbursement application.**



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**Attachments:**

Please make sure to attach the following to this application:

- ◇ Proof of Payment for which reimbursement is being requested (cancelled check, receipt from provider of the service stating they were paid in full, etc.) (Required)
- ◇ For business tenants requesting reimbursement, the written approval of the property owner—see below. (Required)
- ◇ Insurance policy or certificate of insurance protecting the City of Groton from any loss, liability, or damage that may result or accrue from or because of the proposed project (Required)
- ◇ Narrative further explaining circumstances of grant request, no more than two page (Optional)

**Certification**

By submitting this application, I/we, \_\_\_\_\_ affirm that the information included in this application or any attachments is true and accurate to the best of my/our knowledge. I/we further acknowledge that failure to accurately report information contained herein may result in nullification of grant award or require repayment of the previously awarded grant.

I, \_\_\_\_\_ (initials) understand that completion and submission of this application does not guarantee favorable consideration of this request.

\_\_\_\_\_  
**Authorized Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Property Owner**

\_\_\_\_\_  
**Date**

**Submit Applications To:**  
Economic Development Commission  
C/O Planning Department  
295 Meridian Street  
Groton, CT 06340

**Questions:**  
Contact: Barbara Goodrich  
goodrichb@cityofgroton-ct.gov  
Planning Department  
860-446-4169