



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: _____

◇ 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 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, _____ 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: Cierra Patrick
patrickc@cityofgroton-ct.gov
Economic Development Specialist
860-446-4066