

Economic Development Commission
**BUSINESS SOFT COST
APPLICATION**



**CITY OF GROTON
CONNECTICUT**

To apply for a reimbursement grant please complete this form

Business Name :

Business Address :

Business Description :

Current Number Of Employees :

Full-Time

Part-Time

Business Federal Tax ID Number (EIN) :

Reimbursement Amount Request :



Amount can not exceed \$2,500

Description of Business Costs for which reimbursement is requested. Attach invoice/bill from service provider and proof of payment to this application.

Total Cost of Project :



Applicant Full Name :

Relation to Business :

Phone Number :

E-Mail :

Address :

Property Owner Name & Phone Number, if different from Business Owner :

Questions :

1. Business Owner is current or following a payment plan on all taxes and fees in the City of Groton and Town of Groton
2. Property Owner is current or following a payment plan on all taxes and fees in the City of Groton and Town of Groton

Yes No

Yes No



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Questions Continued :

- 3. Business Owner is involved in litigation with City of Groton. Yes No
- 4. Property Owner is involved in litigation with City of Groton. Yes No

Required Attachments : *Please make sure the following are attached to this application*

- Proof of payment for which reimbursement is being requested (receipt from provider of services render, etc.)
- For Business tenants requesting reimbursement, written approval from property owner is 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

Acknowledgement

By submitting this application, I _____ affirm that the information included in this application and any attachments is true and accurate to the best of my knowledge. I 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.

Applicant Signature

Date

Property Owner Signature, if different from Business Owner

Date

Note:

- Submit completed application and attachments to: Planning & Economic Development Department C/O Economic Development Commission 295 Meridian Street Groton CT 06340
- Direct all questions to Cierra Patrick, Economic Development Specialist, at Patrickc@cityofgroton-ct.gov
- The maximum reimbursement request is \$2,500 per year/ per business. Reimbursement funds are to be dispersed on a reimbursement basis and the City reserves the right to request and receive any and all documents required to verify the expenditure.
- An application and required attachments must be complete before staff review. All information will be verified by staff prior to reimbursement review by the Economic Development Commission
- The City of Groton reserves the right to amend or cancel this application; to modify or waive any requirement, condition or other term set forth in this application, including a reduction in the award amount; and to request additional information at any time from the applicant.
- Applications shall be prepared at the sole expense of the applicant and shall not obligate the City of Groton to procure any of the services described therein or herein from any applicant.