



# Mini Match Basic Application Form

Amended 1/1/2020



GENERAL CONTACT INFORMATION			
Business Name:			<b>FOR INTERNAL USE ONLY</b>
Owner Name:			Date App Received:
Address:			Date to RRF Commission:
City:	State:	Zip:	Date to Commission:
Phone:	Cell:		Date Commission Approved:
Email:			Funding Amount Approved:
Federal Tax ID #:		Date Business Established:	
Is SBDC Involved? YES <input type="checkbox"/> NO <input type="checkbox"/>		Time Sensitive: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Amount of RRF Requested:			

PERSONAL INVESTMENT INFORMATION:	
<b>Startup Cost Funds Source Name:</b>	<b>Amount Invested:</b>
	\$
	\$
	\$
	\$
Total:	

**Total Amount to be invested in the business: \$** \_\_\_\_\_

**Please give a brief description of your business?** \_\_\_\_\_

**What is the primary purpose of business?** \_\_\_\_\_

**Additional information regarding this business:** \_\_\_\_\_

### Mini Match Program Checklist of Requirements

<input type="checkbox"/> The RRF Mini Match Application	<input type="checkbox"/> IRS W-9 Form
<input type="checkbox"/> Receipts (must all be submitted at time of application)	

The undersigned says applicant is duly authorized to verify the foregoing application, that applicant has read the same and is familiar with the statement contained herein and that the same are true in substance and in fact. **The city of Watford City RRF reserves the right to use the results of the report in published reports and/or articles as an example of RRF funded project.**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **PRINTED NAME:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Application is to be filled out in its entirety. All requested information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section.**



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## **MINI-MATCH PROGRAM OPTIONS:**

### **New Business:**

- 2:1 Match up to \$5,000.00 in matching grants for new business startups and businesses in their first year. Business must be open for a minimum of 180 days before funding will be released. No Minimum.
- Eligible matching dollars include fixtures, furniture, equipment, store remodel, and rent.
- Receipts required for reimbursement and must be turned in at time of application.
- Project must have obtained all necessary permits and be in compliance.
- Home businesses to be considered on a case-by-case basis and must be a skilled trade or licensed professional through the State. Multi-Level marketing businesses will not be allowed.

### **Child Care:**

- New Child Care start-ups and existing remodels are eligible for a 1:1 match not to exceed \$5,000.00 in matching funds
- Eligible matching dollars included: Fixtures, Furniture, Equipment, construction related build out costs, permit compliance related costs.
- Receipts required for reimbursement.
- Project must be a licensed (Or in process of licensing) child care facility through the State of ND.
- Providers who receive mini-match dollars must remain in operation for a minimum of 2-years from application . Failure to do so will result in a pro-rated return of grant dollars to the RRF Fund.