



ROUGH RIDER FUND
Business Startup and Expansion Grant
(3.1.2023)



Business Name: \_\_\_\_\_

Contact (name, phone, email): \_\_\_\_\_

KEY OWNERS: \_\_\_\_\_ FUNDING SOURCE: \_\_\_\_\_ INVESTMENT AMOUNT: \_\_\_\_\_

Internal Use - Tracking Checklist:
Received On: \_\_\_/\_\_\_/\_\_\_
SBDC Consultation: \_\_\_/\_\_\_/\_\_\_
Business Plan: \_\_\_/\_\_\_/\_\_\_
RRF recommended: \_\_\_/\_\_\_/\_\_\_
City Council Action: \_\_\_/\_\_\_/\_\_\_
Approval / Denial
\$ \_\_\_\_\_
: Direct Payment, W-9 attached
: Qualified receipts attached

TOTAL PROJECT INVESTMENT: \_\_\_\_\_

KEY MANAGER(S): name, title, and phone number: \_\_\_\_\_

LEAD LENDER: name, institution, email, phone: \_\_\_\_\_

Added number of FTEs: \_\_\_\_\_

Average Annual Salary: \_\_\_\_\_

KEY ADVISORS: name, firm / company, phone number:
Attorney: \_\_\_\_\_
Accountant: \_\_\_\_\_
Insurance Agent: \_\_\_\_\_

Increases Property Tax: YES / NO Increases Sales Tax: YES / NO

TOTAL FUNDING REQUEST: \$ \_\_\_\_\_
(1:1 business startup or expansion match with submitted, qualified receipts)

Is this match grant for a (please circle one): Startup OR Expansion

Briefly describe your business startup or expansion: \_\_\_\_\_

What will the business use Roughrider Fund grant money for: \_\_\_\_\_

What is the primary purpose of your business: \_\_\_\_\_

What products and/or services does your business provide: \_\_\_\_\_

Who are your local competitors: \_\_\_\_\_

What differentiates your business from your local competitors: \_\_\_\_\_

Additional information you would like the committee and council to know about your project: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Owner Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Owner Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Owner Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
By signing for and accepting this grant, we understand that if we discontinue service or sell 24 months, this grant is subject to repayment to the Roughrider Fund.