



ROUGH RIDER FUND
Business Startup and Expansion Grant
 (3.1.2023)



Business Name: _____

Contact (name, phone, email): _____

<u>KEY OWNERS:</u>	<u>FUNDING SOURCE:</u>	<u>INVESTMENT AMOUNT:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PROJECT INVESTMENT: _____

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

LEAD LENDER: name, institution, email, phone:

KEY ADVISORS: name, firm / company, phone number:

Attorney: _____

Accountant: _____

Insurance Agent: _____

Added number of FTEs: _____

Average Annual Salary: _____

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: ____/____/____	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.
Owner Signature: _____	Date: ____/____/____	
Owner Signature: _____	Date: ____/____/____	
Owner Signature: _____	Date: ____/____/____	