ROUGHRIDER FUND PROJECT ENROLLMENT FORM - (1/2023)

Business Name:_____

Contact: _____

Phone: (____) _____ - _____ **E-mail:** _____@_____.____

Physical Address: _____ , _____, _____

Mailing Address: _____, _____, _____, _____

Internal Use - Tracking Checklist:

Recieved On: _____ / _____ / _____

_____ *: SBDC Consultation:* ____ / ____ / _____

RRF recommended: _____ / _____ / _____

City Council Action: _____ / _____ / _____

Approval / Denial

$ _____.____

_____ *: If direct payment, W-9 attached*

Making Application to the following program(s):	Program details:	Requested amount:
_____ : CBD (Central Business District) FACADE MATCH GRANT.....	1:1 match, $50,000 or $30,000	$ _____.____
_____ : LICENSED CHILD CARE RENEWAL GRANT.....	.... Per matrix, max $10,000	$ _____.____
_____ : COMMUNITY BUILD GRANT.....	..... NA	$ _____.____
_____ : COMMUNITY ENHANCEMENT GRANT.....	$2,500 outside city / $3,000 city	$ _____.____
_____ : FIRST YEAR BUSINESS BOOST - MINI-MATCH GRANT.....	2:1 or 1:1 match, max $5,000	$ _____.____
_____ : FLEX PACE / PACE MATCH GRANT (business/ child care/ affordable housing)	$ 108,000 / $ 162,000 / $ 270,000	$ _____.____
_____ : BUSINESS STARTUP and EXPANSION GRANT.....	1:1 match, max $20,000	$ _____.____

Please provide a description of your project and how it develops, promotes, and enhances the community:

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Applicant Signature: _____ **Date:** _____ / _____ / _____