



**ROUGH RIDER FUND PROJECT ENROLLMENT
FORM - (1/2023)**



Business Name: _____

Contact: _____

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

Physical Address: _____, _____, _____

Mailing Address: _____, _____, _____

Internal Use - Tracking Checklist:

Received On: ____ / ____ / ____

____ : SBDC Consultation: ____ / ____ / ____

RRF recommended: ____ / ____ / ____

City Council Action: ____ / ____ / ____

Approval / Denial

\$ _____.

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

Making Application to the following program(s):

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

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

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