

Fairfield County Entrepreneurship Support Grant Application

Organization name: _____

Organization physical address: _____

Grant request amount and frequency (maximum of three years): _____

Applicant name: _____ Date of application: _____

Applicant phone: _____ E-Mail: _____

Applicant relationship to organization: _____

How long has the organization been operating in Fairfield County: _____

If applicable, how long has the organization been in business: _____

Is this request for a new project or expansion of a project in Fairfield County: _____

Total businesses supported with project: _____ Total employees supported with project: _____

Total project cost: _____ Total funds already secured: _____

As part of your application, please provide the following:

- Overview of your project detailing investment, goals, and why you're requesting the grant.
- Budget detail of project including funding sources.
- Dates associated with the project.

By signing below I understand that the entrepreneurial support dollars can only be used for projects in Fairfield County. My organization will make every effort to work with businesses that are located in Fairfield County. If the grant is awarded I will enter into an agreement with the Fairfield County Commissioners where I must provide any and all documentation requested. Grant agreement will contain a claw back provision where organization will be required to keep the project located in Fairfield County for a set, agreed upon period of time and will be negotiated on a case-by-case basis. I also acknowledge the need to sign an incentive relationship disclosure form in order to receive this grant.

Printed Name

Signature

Date