

**MAIN STREET MORRILTON
COVID RELIEF APPLICATION**
Must be located in the Main Street District.

APPLICANT INFORMATION:

		DATE:	
APPLICANT NAME:			
BUSINESS NAME:			
ADDRESS:			
PHONE NUMBER:		E-MAIL:	

ADDITIONAL INFORMATION: If property owner differs from Business Owner - complete the following section.

PROPERTY OWNER NAME:			
ADDRESS:			
PHONE NUMBER:		E-MAIL:	

BUSINESS INFORMATION: Briefly describe or tell about your business.

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PROJECT INFORMATION:

PROJECT ADDRESS:

IS YOUR PROJECT

☐

INTERIOR

☐

EXTERIOR

AMOUNT YOU ARE REQUESTING:

\$

WHAT IS THE PURPOSE OF YOUR GRANT REQUEST? I.E. RENT, UTILITIES, PAYROLL, PPE SUPPLIES)

WHAT IS THE PLANNED USE OF THESE FUNDS?

WHAT OTHER FUNDING / GRANTS HAVE YOU RECEIVED?

EXAMPLE FUNDING BREAKDOWN:

QUANTITY	ITEM/DESCRIPTION	COST
I.E. 100	DISPOSABLE FACE MASKS	\$ 100.00
	SHIPPING /TAX	\$ 24.75
PROJECT COST:		\$ 124.75

TOTAL AMOUNT BEING REQUESTED:	\$ 100.00
MATCH (at least 10% of request amount):	\$ 24.75
TOTAL PROJECT COST:	\$ 124.75

* THE TOTAL OF THESE TWO ITEMS SHOULD MATCH THE PROJECT COST LISTED ABOVE.

FUNDING BREAKDOWN:

QUANTITY	ITEM/DESCRIPTION	COST
PROJECT COST:		

TOTAL AMOUNT BEING REQUESTED:	
MATCH (at least 10% of request amount):	
TOTAL PROJECT COST:	

* THE TOTAL OF THESE TWO ITEMS SHOULD MATCH THE PROJECT COST LISTED ABOVE.

IMPORTANT:

I have consulted with Morgan Zimmerman, Main Street Morrilton Board President, about this project. I have read and fully understand the requirements of the Main Street Mini-Grant Program and agree to comply with all its requirements.

SIGNATURE OF APPLICANT

DATE

DEADLINE FOR APPLICATION SUBMITTAL IS OCTOBER 15, 2020
IN NO WAY DOES THIS APPLICATION SECURE A GRANT FROM MAIN STREET MORRILTON.
GRANTS ARE MADE IF FUNDING IS AVAILABLE.