



# OPELIKA CHAMBER OF COMMERCE

## Small Business Grant Application

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Date of Establishment: \_\_\_\_\_

Business License #: \_\_\_\_\_

Current Employee's: \_\_\_\_\_ New (potential) jobs created with grant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Relationship to Business: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Are you a current member of the Opelika Chamber of Commerce?      Yes      No

Would you be willing/interested in participating in a small business mentorship program, as part of your grant selection?      Yes      No

**In the questions that follow, please be detailed and thorough to help us understand your business, current and/or future needs, as well as the plan you have to utilize these funds to make an impact in your business and our economic vitality within the city of Opelika. Award recipients will be selected based solely on the application provided so be as thorough and detailed as possible to help us understand your situation.**

**Additional documentation may be required, including but is not limited to:**

- **Business Plan**
- **Fund utilization plan/drawings**
- **Invoice** (for direct payment) **or Proof of Payment** (for reimbursement of funds)

1) Tell us more about your business:

2) What are the current/future needs of your business?

3) Provide a detailed plan on how you will utilize these funds:

4) Explain what receiving this grant could mean for your business:

5) Other Information: