

MEDFORD ECONOMIC DEVELOPMENT AUTHORITY
408 2nd Ave SE, Medford, MN 55049

MICRO GRANT PROGRAM APPLICATION

APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON(S)

BUSINESS PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

AMOUNT REQUESTED FROM EDA \$ _____ (not to exceed \$500.)

1. Describe Project including when it will be started and completed. Attach additional sheets as needed. Approved Grant funds will be released at the completion of the project when the applicant provides copies of paid project invoices to City Hall to document total project costs.

2. Purpose of Grant (Describe which portions of the project Grant funds will be used for):

3. Total Cost of Project: \$ _____ Amount Applicant will spend: \$ _____
Amount Requested from Grant: \$ _____

Anticipated Local Vendors/Suppliers:

Applicant certifies that all information provided in this application is true and correct to the best of my knowledge and agrees to provide any additional information as may be requested by the City to process this application. The City of Medford is authorized to verify financial and other information. Applicant pledges not to sell or give away items purchased with this grant without the expressed permission of the City of Medford.

Applicant Name

BY _____

DATE: _____

By _____

DATE: _____

EDA Decision:

Approved

Denied

Date: _____