



Application and Agreement: Hidalgo County Small Town Economic Development Grant Program

Name of Business: _____ Year Started: _____

Address: _____ Zip Code: _____

Email address: _____ Phone: _____

Contact Person*: _____ Phone: _____

*Must be one of the individuals signing below

Each person (including any entity) that own 20% or more of the business:

What is the amount requested (\$20,000 maximum)? _____

Give a brief description of the purpose of these funds:

Form of Business:

Sole Proprietorship

Partnership

Incorporated

LLC

Not incorporated at this time

Other: _____

If an entity, state of formation: _____

What is your organizations primary business activity at this location?

Please provide a brief description of your business and the product/service of the business:

How did you first learn about the Hidalgo County Grant Program:

By signing this application, I, as a participant of the Hidalgo County Small Town Economic Development Grant Program, agree to the following:

SECTION A:

- I have reviewed the Eligibility Rules and Submission Requirements and will comply with them. I understand that failure to comply may result in disqualification from consideration and, if awarded, any funds will be forfeited.
- The ideas and conception of this business project are original and to my knowledge, do not infringe on other party's concepts or ideas.
- I authorize Hidalgo County to perform a background check on me and the business.

Participants

Printed Name: _____ Signature: _____ DOB: _____

Printed Name: _____ Signature: _____ DOB: _____

Printed Name: _____ Signature: _____ DOB: _____

Printed Name: _____ Signature: _____ DOB: _____

Printed Name: _____ Signature: _____ DOB: _____

Printed Name: _____ Signature: _____ DOB: _____