Shawnee Forward Business Growth Grant Application

Applications are accepted on a rolling basis. Grants provide a 50/50 match for eligible capital expansion projects that create new full-time jobs in Pottawatomie County.

Applicant Information

Date Submitted: _____

Business Name: _____

Contact Person/Title: _____

Email: _____

Phone: _____

Business Address: _____

Website: _____

Year Established: _____

Current Full-Time Employees: _____ Part-Time Employees: _____

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I. Description of Project

Describe the project, why it is needed, the proposed improvements, project timeline, and how it will expand your business. Attach additional pages if necessary.

II. Community & Economic Impact

Explain how the project will benefit Pottawatomie County, strengthen the local economy, and why Shawnee Forward should invest in this project.

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III. Project Budget

Total Project Cost: $_____

Grant Amount Requested (max $20,000): $_____

Applicant Match (minimum 50%): $_____

*Attach quotes, estimates, or invoices supporting all project costs.

IV. Job Creation

How many NEW full-time jobs will be created? _____

List anticipated positions, estimated wages/salaries, and anticipated hiring dates.

V. Business Growth

Is this project:

☐ New Business ☐ Existing Business Expansion

Describe how the project increases capacity, services, production, or customers.

VI. Project Life

What is the expected useful life of this investment and how will it support long-term business growth?

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VII. Matching Funds

Describe the source of the required matching funds (cash, loan, line of credit, owner investment, etc.).

VIII. Required Attachments

☐ Quotes/estimates

☐ Project timeline

☐ Photos/renderings (if applicable)

IX. Certification

I certify the information contained in this application is true and complete. I understand grant funds are awarded on a reimbursement basis and that job creation and eligible expenses must be documented prior to reimbursement.

Applicant Signature: _____ Date: _____

For Shawnee Forward Use Only

Date Received: _____ Recommended Grant Amount: $_____

Eligibility Verified: ☐ Yes ☐ No Board Action: ☐ Approved ☐ Denied ☐ Tabled

Committee Score: _____ /100 Approved Amount: $_____