



City of Veneta Grant Application Form

PO Box 458 * Veneta, OR 97487 * 541-935-2191 * Fax 541-935-1838 * www.venetaoregon.gov

Application Information and accompanying financial records submitted to the City of Veneta will be kept in confidence to the extent permitted by law, and while the City believes that the records will not be subject to disclosure, it is possible that disclosure might be required for some documents.

APPLICANT		
Full Legal Name of Applicant(s) and/or Company/Organization:		Telephone Number.
		Business:
		Personal:
		Fax:
Primary Contact:		
Street Address:		
City:	State:	Zip:
Proposed Business Address (If different from above):		
Street Address:		
City:	State:	Zip:
Nature of Business:	Date Established:	Date Under Current Management:
Number of Full Time Equivalent Employees: <input type="checkbox"/> 0-5 Employees <input type="checkbox"/> More Than 5 Employees		
COMPANY OWNERSHIP		
(List below all owners, principals and officers; attach schedule of additional names, if necessary) Show 100% of Ownership		
Name	Title	% of Ownership
		%
		%
		%
Total: 100%		
AFFILIATES		
(List all business concerns in which the Applicant Company/individuals listed in the ownership section above have any ownership. Attach current financial statement and tax return.)		
Company Name	Owner (Applicant Company or Individuals)	% of Ownership
		%



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OTHER INFORMATION		Yes	No
Has the applicant, any of its principals, or any other business in which the principals were principals filed bankruptcy or defaulted on any debts within the past 10 years?		<input type="checkbox"/>	<input type="checkbox"/>
Is applicant or any of its principals a party to any claim or lawsuit? Is any principal or applicant (i) currently under indictment, or on parole or probation: (ii) ever been charged with or arrested for any criminal offense, other than a minor motor vehicle violation; or (iii) ever been convicted of any criminal offense?		<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant owe any taxes for years prior to the current year?		<input type="checkbox"/>	<input type="checkbox"/>
Please Select the Grant Program(s) you are applying for:			
Business Grant Program	<input type="checkbox"/>	Commercial Development Incentive Program	<input type="checkbox"/>
Community Building Grant Program	<input type="checkbox"/>	Signage Improvement Program	<input type="checkbox"/>
Façade Improvement Program	<input type="checkbox"/>	Streetscape Improvement Program	<input type="checkbox"/>
MATCHING FUNDS			
What matching funds will you commit to this effort?			
Source:	Amount: \$		
Total Funding: \$			
Amount Secured: \$	Amount Applied For: \$	Not Secured at this time: \$	
RETURN ON INVESTMENT (ROI)			
An ROI is described as a 1:# match (one to percent match). To calculate the ROI, take the amount you are matching and divide by amount requested. Example: A project that is matching \$50,000 and is requesting \$10,000 ($50,000/10,000 = 5$) has an ROI of 1:5.			
Amount Matching: \$	Amount Requested: \$	Return on Investment: 1:_____	
Do you intend on Hiring additional Employees during or after the duration of this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please estimate # of jobs _____



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Project Cost Estimate

Succesful grant remibursments will be based off of the project's estimated costs. Please provide as much detail as possible as to all expected costs of your project.

Project Name:



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Project Description

Provide a brief description and timeline of your project.

Project Costs

Please detail your project costs, and how grant funding is expected to be used.



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Only complete this portion if applying for the Business Grant Program
Business Grant Program



Demonstration of Need

Please demonstrate your project's level of need for grant funding through the City. Businesses must demonstrate that they are not able to fund a project through traditional means or that funding a project through traditional means would be cost prohibitive.

Expected Outcome

Please describe the all expected benefits and outcome of this project, both in the short and long term.



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Additional Requested Material

To complete an application, please submit the following materials for each grant program that your area applying to:

Business Grant Program

- Business Plan
- Three Months of Recent Business Banking Statements
- Three Months of Recent Profit and Loss Statements
- Veneta Business License

Commercial Development Incentive Program

- Site Map
- Transportation SDC Fee, as calculated by the City Engineer

Redevelopment Toolkit

- Business Plan
- Veneta Business License (if applicable)



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AGREEMENT

- By signing below, you certify that all the information you have given in this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history (including your spouse's, if you live in a community-property state), provide any necessary documents to obtain your credit and employment history, and exchange information with others about your credit and account experience with us. You agree to provide additional information that we may require to process this application, including but not limited to, true and complete federal income tax returns, employment verification and income verification.
- You also agree to reimburse the City for its expenses incurred in connection with any credit commitment. These expenses include, without limitation, the City's appraisal, environmental services and legal costs, which are payable even though the extension of credit may not be consummated.
- You also represent that if you currently have any indebtedness or other obligations owing to the City, you have no defenses to or setoffs against such indebtedness or obligations. You also represent that you have no claims against the City for any matter regardless of whether or not they are related to this application.
- You acknowledge that you are applying for a (*grant; matching grant from the City of Veneta; transportation SDC reduction from the City of Veneta for a commercial project*)
- **You agree to pay the non-refundable application fee upon submitting your application.**
- **I hereby declare that the information provided in this application is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.**

Authorized Signature

Print Name

Title

Date

Return with payment to:

City of Veneta
88148 8th Street/PO Box 458
Veneta, OR 97487

Phone: 541-935-2191
Fax: 541-935-1838

Please make any checks out to City of Veneta. Include the reason for the check (BAP Application Fee) and the name of your business in the memo.