

PROJECT INFORMATION

Project Title:

Project Start Date:

Project End Date:

Please provide a brief summary of the project and why you are applying for the grant.

How will the project create or retain jobs or increase the revenue of the business?

PROJECT BUDGET INFORMATION

Total Project Cost: \$

Grant Amount Requested: \$

List all funding sources for project (which could include, but not limited to loan(s), business funds, grants, and/or in-kind)

FUNDING SOURCE 1

Name:

Address:

City: Zip Code:

Contact Person: Phone: Email:

Amount: \$

FUNDING SOURCE 2 (if applicable)

Name:

Address:

City: Zip Code:

Contact Person: Phone: Email:

Amount: \$

FUNDING SOURCE 3 (if applicable)

Name:

Address:

City: Zip Code:

Contact Person: Phone: Email:

Amount: \$

Signature By checking this box and typing my name above, I am electronically signing this application. _____
Date

Type Name

Please submit completed typed application and quotes/estimates by 4 pm on July 31, 2020 to:
Redwood County Economic Development Authority Attn: Briana Mumme
403 South Mill Street Redwood Falls, MN 56283 or via email at Briana_m@co.redwood.mn.us