

STURTEVANT TID #4 MATCHING GRANT PROGRAM (MGP) FUND

**GRANT REIMBURSES UP TO 50%* OF ELIGIBLE COST –
UP TO \$25,000 PER APPLICANT**



BUSINESS ELIGIBILITY

- ☐ Are you an applicant that is wishing to establish a new operation, expand an existing operation or construct or improve a facility for lease to business(es) located in Sturtevant?
- ☐ Are you an applicant that is current with all financial obligations with Racine County, Sturtevant, Wisconsin or any other local unit of government, and have no outstanding fines, penalties, taxes or other financial obligations owed to these entities?
- ☐ Will these funds assist with your business expansion as demonstrated through the creation of at least one full-time equivalent job?
- ☐ One year after reimbursement, the approved grant recipient must agree to submit a memorandum on company letterhead that identifies the results of the matching grant program that align with one or more of the Sturtevant Matching Grant Program's objectives.

ELIGIBLE USES

- The acquisition of land and buildings.
- Machinery and equipment acquisition, furniture, and fixtures.
- Site preparation and the construction or reconstruction of buildings or the installation of fixed equipment.
- Clearance, demolition, removal of structures, rehabilitation and renovation of buildings, facade renovation and other such improvements.
- Completing leasehold improvements where a signed lease is provided
- Making improvements to a building that incur public utility expenses such as fire suppression, utility assessments.
- Other costs which represent opportunities to further the goals and objectives of development in the TID project plan.
- Startups will be considered with business plan and funding commitments.

Section I: Business Information

Legal Entity ☐ S Corp ☐ C Corp ☐ LLC ☐ LLP ☐ Partnership ☐ Sole Proprietor		
Legal Name		Trade Name
Property Address		
City, State, Zip Code		County
FEIN		NAICS Code
Date Established		State of Organization
Number of Employees	Full Time	Part Time
Website		
Phone Number		Email Address
Briefly describe the business including products/services, locations, and customer:		

Section II: Primary Contact	
Primary Business Owner	Title
Email	Phone Number

Section III: Business Ownership				
List of Owners	Ownership %	Male or Female	Veteran	Race

Section IV: Grant Request	
Describe how will grant proceeds be spent	
Acquisition of Land and Building	\$
Equipment	\$
FF&E	\$
Leasehold Improvements	\$
Improvements to building that incur public utility expenses	\$
Other (please explain)	\$
TOTAL (Up to \$25,000 or no more than 50% of total eligible costs, or whichever is less can be reimbursed)	\$
Describe how your project meets one or more of the Sturtevant Matching Grant Program’s objectives	
Since this is a partial reimbursement grant, describe how you will pay for the remaining 50% of the project’s cost	
Will this project create full-time equivalent positions? If yes, how many?	

Section V: Business/Owner Status

Please answer the flowing questions (check box that applies)	Yes	No
Is your business currently registered with the WI Department of Financial Institution?	☐	☐
Are you and your business current on property taxes and federal/state taxes?	☐	☐
If you answered 'No' to questions 2 and 3, please explain how much you owe and your repayment plan		

Section VI: Items to Submit with Application

Completed Application
Business W9
Invoices and proof of payment for the project's costs

☐ Are you interested in learning about Sturtevant's Revolving Loan Fund Program?

X

Signature