



# Sherwood Business Matching Grant Application

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Relationship to Business:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Project Description:**

Include design drawings and/or color samples (swatches) if available. Provide additional materials and sheets if necessary.

**Project Schedule:**

**Start Date:** \_\_\_\_\_ **Completion:** \_\_\_\_\_

**Project Benefits:**

Explain how the proposed change(s) to the business will affect its operations.

**Total Project Cost:** \_\_\_\_\_ **Requested Funds:** \_\_\_\_\_

**Additional Requirements:**

- Proof of available matching funds, financing, or letter of credit.
- Three (3) competitive bids.
- Supporting documentation attached to application.

\_\_\_\_\_  
Requestor's Signature                      Date

\_\_\_\_\_  
Printed or Typed Name

**Staff Use Only                                      Staff Use Only                                      Staff Use Only**

**Received at Village Office:** \_\_\_\_\_  
Date

**All Materials Included:**

YES	NO
-----	----

**Committee Use Only                                      Committee Use Only                                      Committee Use Only**

**Presentation Date:** \_\_\_\_\_

**Approved Funding**

YES	NO
-----	----

**Final Decision Date:** \_\_\_\_\_

**Amount Approved:** \_\_\_\_\_