

Section II, Financing Information:

How will the grant assist in retaining jobs? Please explain:

Section III, Other Supporting Information:

If there is additional supporting information you would like to provide before your application is reviewed, please explain below.

Section IV, Certifications:

Please read the following and sign the Application Form below.

The information in this grant application is provided for the purpose of applying for funds under the Henry County CDBG COVID-19 Small Business Grants program in response to the coronavirus pandemic. If I have received Federal CARES Act funding listed in Section 1, I certify that I am not using multiple COVID 19 relief programs to pay for the same expense. The information is accurate to the best of my knowledge. I further understand that my name and grant amount and other non-financial information may be subject to the Indiana Public Access Law. I also understand that the Henry County COVID-19 response grant program retains the sole discretion as to whether this grant application is approved, disapproved, or modified. It is my right to accept or decline the grant amount.*

Name (Printed): _____

Name (Printed): _____

Signature: _____

Signature: _____

Date: _____

Date: _____

*An agreement or contract is required between the County and each successful business applicant prior to funds being released. Additionally, the grant committee reserves the right to request additional information as needed during the application review process.

Application should be submitted to:

New Castle Henry County Economic Development Corporation

Attn: Corey Murphy
100 S Main St., Ste 203
New Castle, IN 47362

Email: cmurphy@growinhenry.com
Phone: 765-521-7402

County Use Only

Date Received: _____ **Date(s) Reviewed:** _____ **Tracking Status:**