

## For More Information, Please Contact:

Greg Beam, Executive Director Staunton Downtown Development Association 540-332-3867



## **GRANT APPLICATION**

Please complete the following contact infor	mation for <i>your own b</i>	ousiness:	
Business Name:			
Contact Name:			
Contact Email:			
Contact Phone:			
Number of Employees: Full-time:			
Has your business received grant funding f	rom SDDA in the past?		
Please complete the following contact infor	mation for the <i>partne</i>	r business:	
Business Name:			
Contact Name:			
Contact Email:			
Contact Phone:			
Number of Employees: Full-time:			
Has your business received grant funding f	rom SDDA in the past?	•	

Please describe how you will collaborate with the partner existing product or service:	business to create a new or expand upon an
Please describe in detail how you and your partner busine further promote your products or services as described at	
diagrams to this application:	
This application is being accepted on a rolling basis. Please greg@stauntondowntown.org. The selection committee v By signing below, the business owner(s) agree to the repopacket. Any misuse of funds or a failure to report will resumnies.	vill notify grant applicants within thirty days. rting schedule outlined in the information
Business Owner:	Date:
Partner Business Owner:	Date: