



Michigan City Start-Up Business Grant

Application Form

Grant Amounts: \$500 - \$5,000

Eligibility Screening

Applicants must answer **"Yes"** to all questions to be eligible.

1. Is your business a for-profit business?
☐ Yes ☐ No
 2. Is your business primarily based in Michigan City and conducting business activity within Michigan City?
☐ Yes ☐ No
 3. Does your business maintain a commercial presence or regularly conduct business activities in Michigan City?
☐ Yes ☐ No
 4. Was your business established on or after January 1, 2024?
☐ Yes ☐ No
 5. Does your business employ fewer than 25 full-time equivalent employees?
☐ Yes ☐ No
 6. Is your business current on required licenses and registrations, if applicable?
☐ Yes ☐ No
 7. Is your business free from unresolved code violations and bankruptcy proceedings?
☐ Yes ☐ No
 8. Can the proposed project be completed within the program timeline?
☐ Yes ☐ No
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Business Information

Business Name: _____

DBA (if applicable): _____

Business Address: _____



Business Phone: _____

Email: _____

Website/Social Media (if applicable): _____

Business Start Date: _____

Type of Business: ☐ Retail ☐ Restaurant/Food Service ☐ Professional Service ☐ Manufacturing/Maker ☐ Contractor/Trade ☐ Personal Service ☐ Technology ☐ Other: _____	Business Structure: ☐ Sole Proprietor ☐ LLC ☐ Partnership ☐ Corporation ☐ Other: _____ Number of Employees: _____ _____ _____
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Owner Information

Owner Name: _____

Title: _____

Phone Number: _____

Email Address: _____



Business Overview

Tell us about your business.

Describe your products, services, customers, and what makes your business unique.

What progress have you made since starting your business?

Funding Request

Grant Amount Requested: \$_____

Project Title: _____

What will the grant funds be used for?

How will this investment address your current business needs and contribute to future growth?



Community Impact

How will this project benefit your business?

Examples may include increased sales, new customers, expanded services, neighborhood investment, or job creation.

Expected Results

What outcomes do you expect within the next 12 months?

Check all that apply:

☐ Increase sales/revenue, and customer growth ☐ Launch a new product or service ☐ Expand business operations or production capacity	☐ Improve technology, efficiency, or productivity ☐ Create or retain jobs ☐ Other: _____ Please explain:
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Project Budget

Item or Expense	Vendor (if known)	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$



		\$
		\$

Total Project Cost: \$_____

Grant Amount Requested: \$_____

Applicant Contribution (if any): \$_____

Required Attachments

Please provide the following:

- ☐ W-9 Form
 - ☐ Project quote, estimate, invoice, screenshot, or other documentation supporting the requested purchase(s)
 - ☐ One document showing Michigan City business activity or business presence (examples: lease, vendor agreement, commercial workspace agreement, utility bill, business registration, business license, or similar documentation)
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Optional Attachments

- ☐ Business plan
 - ☐ Marketing materials
 - ☐ Product photos
 - ☐ Website screenshots
 - ☐ Licenses or permits
 - ☐ Additional supporting information
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Applicant Certification

I certify that:



- The information provided in this application is true and accurate.
- My business meets all program eligibility requirements.
- My business was established on or after January 1, 2024.
- Grant funds will only be used for approved project expenses.
- Submission of an application does not guarantee funding.
- EDCMC may request additional information or documentation to verify eligibility and project costs.
- I understand that failure to provide requested documentation may affect funding eligibility.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Application Checklist

- ☐ Eligibility Questions Completed
- ☐ Application Completed
- ☐ Budget Completed
- ☐ W-9 Attached
- ☐ Project Cost Documentation Attached
- ☐ Proof of Michigan City Business Activity Attached
- ☐ Certification Signed