



Town of Bluffton/Don Ryan Center for Innovation Business Assistance Grant Application Form

IMPORTANT NOTE: Please answer all questions on the application.
Failure to do so will result in processing delay and may further result in the application being denied if requested information is not provided.

1. Legal name of the business: _____

2. DBA of the business: _____

3. The business is located within the boundaries of the Town of Bluffton.

Yes

No. Unfortunately, the business is not eligible to apply.

4. Address of the business:

5. Was the business established on March 1, 2020?

Yes

No. Unfortunately, the business is not eligible to apply.

6. The business has held a valid Town of Bluffton business license since March 1, 2020.

Yes

No. Unfortunately, the business is not eligible to apply.

7. Select the type of the business:

Sole Proprietorship

Partnership

Limited Liability Company (LLC)

Corporation

8. Full first and last name of business owner:

9. Full first and last name of authorized representative:

10. Employee headcount:

○ On March 1, 2020: _____

○ Current: _____

11. Total gross receipts by calendar year:

○ 2019 \$ _____

○ 2020 \$ _____

○ 2021 \$ _____

○ 2022 to date \$ _____

12. Was the business included in any federal, state or local government orders to shut down or modify business operations?

Yes No

Please explain: _____

13. Has the business been approved for any of the following?

(check all that apply and note the amount)

SBA Paycheck Protection Program (PPP) Loan \$ _____

Economic Injury Disaster Loan (EIDL) \$ _____

Shuttered Venues Grant (SVOG) \$ _____

Restaurant Revitalization Fund (RRF) \$ _____

SBA Debt Relief \$ _____

14. Please indicate the Total Amount of Reimbursement Requested
(Not to exceed \$20,000):

\$ _____

15. Eligible Expenses

- Not all categories may apply and are required.
- Not all expense types need to be used within the category.
- Enter information only in the categories that reimbursement is being requested.
- For each category selected, complete the following:
 - Type of expense
 - Month (quarter if payroll) of expense.
 - Brief description of expense.
 - Whether or not the expense is
 - i. Outstanding (O) or
 - ii. Paid (P)
 - If P (Paid), note where the funding come from.
 - Amount requested to be reimbursed.

Remember that for each expenditure being requested for reimbursement must have documentation in order to be considered.

**Please use the following pages to enter the expense information
for which you are applying for reimbursement.**



Thank you for applying for a Business Assistance Grant.

**Town of Bluffton
Don Ryan Center for Innovation**