Elevate Small Business Grant Application

Please review the Elevate Program Guide prior to completing this application.

Business applicant information

Registered business name:

DBA name:

Business address:

County:

City:

State:

Owner names:

Primary contact email:

Phone number:

Business information

Business type (e.g., Sole Proprietor, LLC, etc.):

Industry:

Business website:

Date business was established under current ownership:

Previous year's gross revenue:*

FHLBank Indianapolis member institution must validate financial information provided prior to submission.

# of current employees:	FT	PT
# of projected new hires:	FT	PT

Business description:

Briefly describe the nature of your business, customers, operations and service area.

Program priorities and use of grant funds

Program priorities: *at least one priority must be met*

Please refer to the Program Guide for priority details.

- ☐ Housing Industry Trades
- ☐ Public Presence
- ☐ Member Involvement
- ☐ Community Enhancement

Grant funds may be requested for the following types of business expenses. Please check all that apply:

- ☐ Purchase or improvement of property
- ☐ Technology enhancement
- ☐ Workforce development
- ☐ Inventory, materials or supplies
- ☐ Machinery, tools or equipment

Grant funds requested:

Use of funds:

Briefly explain how the business will use the funds and what impact the grant will have on the business:

Elevate Small Business Grant Program Certifications and Signatures

All owners must sign this application.

I/We agree that the business meets the following minimum qualifications for the Elevate Small Business Grant:

Applicant is a for-profit business, primarily located in Michigan or Indiana, in operation for at least the past 12 months, and last year's annual revenue from this business are at least $20,000 and less than $1 million.

Business applicant(s) acknowledge the following:

- FHLBank Indianapolis member institutions are able to participate in this program at their discretion, including whether they choose to sponsor this Elevate application.
- If awarded, grand funds not used for purposes approved by the Bank may be recaptured and returned.
- If awarded, any reports, certifications and supporting documentation as required by the Bank and/or the selected participating FHLBank Indianapolis member institution will be furnished upon request. Failure to comply with requests may result in grant funds being recaptured or forfeited.

By signing below, I, on behalf of the Applicant, certify:

- I am fully authorized to sign this application on behalf of the Applicant and, if accepted, agree to the terms and conditions contained herein, in the Elevate Program Guide and Subsidy Agreement on behalf of the Applicant.
- I have reviewed and verified (where applicable) the content of this Application.
- I certify that all information provided to the FHLBank Indianapolis member institution is true and accurate.

Owner name	Owner signature	Date signed
Owner name	Owner signature	Date signed
Owner name	Owner signature	Date signed
Owner name	Owner signature	Date signed