



ELEVATE SMALL BUSINESS GRANT PROGRAM

Thank you for your interest in the Elevate Small Business Grant Program !

PLEASE CLOSELY REVIEW THE FOLLOWING INSTRUCTIONS TO APPLY

SMALL BUSINESS APPLICANTS

- Review the 2025 Elevate Program Guide to ensure your small business qualifies to apply.
- Complete the Elevate application and ensure all fields are filled out and all questions answered.
 - All business owners must be disclosed on the application and need to sign the application.
- Gather the following supporting documentation to accompany your Elevate application.

REQUIRED:

- Proof of Ownership
- 2023 and 2024 Federal Tax Returns or 3rd-party audited financial statements, as applicable
- Official quotes, bids, or website printouts supporting your entire project budget

OPTIONAL BUT HIGHLY RECOMMENDED:

- Updated Business Plan, Strategic Plan, or S.W.O.T. Analysis
- Contact and partner with a Participating FHLBank Indianapolis Member Institution (FHLBI Member), who will verify and submit your Elevate application to FHLBank Indianapolis.
 - List of Participating Members will be posted at fhlbi.com/Elevate. The list will be updated weekly

Note: FHLBI Members can participate in the program at their discretion, including whether to publicly advertise their participation and what Elevate applications to accept and submit to FHLBI. You may need to contact more than one FHLBI Member to find a match for your application.

FHLBANK INDIANAPOLIS MEMBER INSTITUTIONS

- Make sure your institution is registered to participate in Elevate and .GIVES access is established.
- Once the Elevate application and supporting documents are received, verify the following information:
 - Applicant is an Indiana or Michigan based, for-profit business under current ownership since September 3, 2024 or prior;
 - 2023 and 2024 average annual gross revenues are at least \$20,000 and less than \$1 million;
 - Gross and net revenues listed on the Elevate application match their financial statements provided
 - Project budget must be substantiated with quotes, bids, and/or similar
 - Review the application to ensure it is complete, signed, and ready for submission to FHLBI
- Once verified, log into the FHLBI.GIVES system to enter and submit the Elevate application
 - Documents to attach:
 - Elevate Application
 - Supporting documentation for the project budget
 - Business Plan or similar support documentation

ELEVATE APPLICATIONS MUST BE SUBMITTED BY THE FHLBI MEMBER VIA THE FHLBI.GIVES SYSTEM BY AUGUST 20, 2025 11:59 PM DEADLINE.

Tips on crafting a compelling Elevate grant proposal are available on our website.

FHLBI.COM/ELEVATE

Elevate Small Business Grant Program

Business Applicant Information: Answer all fields below; if not applicable, enter N/A

Registered Business Name:

"DBA" Name:

Full Business Address: No P.O. Boxes

County:

**Owner
Names:**

Main Contact Email:

Phone #:

If applicable, select the majority ownership (51% or greater) of the business:

☐

Woman-Owned

☐

Minority-Owned

☐

Disabled-Owned

☐

Veteran-Owned

**Has this business applied for this grant before?
If so, list the year(s) applied:**

How did you hear about this grant?

Business Information: Answer all fields below; if not applicable, enter N/A

Business Type:

IE: Sole Proprietor, LLC, etc

Business EIN #:

**Own or Lease
Current Location:**

Lease expiration:

Industry:

**Date business was established
under current ownership:**

Business Website:

# of Current FT/PT employees:		
	FT/PT	
# of Projected New Hires 2025		
	FT/PT	

Annual Gross Revenue*

2024

2023

***FHLBI Member
Institution must
validate
financial
information
provided prior
to submission**

Annual Net Profit*

2024

2023

**Briefly describe the nature of your business, customers, operations, and service area.
Also explain why the business is applying for this grant to Elevate its potential.**

(250 word limit)

*You will discuss the impact of the grant on your business and detail the use of funds on the next 2 pages.
Please discuss your business as it operates currently and why you are applying for funding*

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Project Budget Details and Worksheet

Grant funds can be requested for any of the following types of business expenses:

Acquisition of Real Estate	Technology Enhancement	Machinery/Equipment	Working Capital
Facility Expansion/Improvement	Marketing/Advertising	Workforce Development	

Non-eligible expenses include: Tax or debt payments, expenses already incurred in the past, charity, and personal expenses

List a brief description for each general project expense and the dollar amount.
Use the "Other Funding" column to demonstrate the entirety of the project expenses are covered.

This PDF application will automatically calculate the sub and grand totals including the total grant amount requested.
NO CENTS! *Please round all figures to the nearest dollar*

Example: Dual monitor computer system OR Business/Marketing Consultant	Elevate Grant	Other Funding	Total
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
TOTALS:	\$ 0.00	\$ 0.00	\$ 0.00

The Total Grant Amount Requested must equal the total in the Elevate Grant column. Expenses should be substantiated with official quotes/proposals. If your business is selected to receive a grant, it will be held accountable to this budget. Substitutions may be allowed but not guaranteed.

Total Grant Amount Requested:
\$ 0.00

Project Budget Explanation: Provide details regarding the expenses listed above.

(250 word limit)

If awarded, what is the specific impact to your business's revenue, expenses, profit, return on investment, or other financial impact?

(250 word limit)

Business Name:

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Elevate Grant Narrative Questions

How will the grant funds requested help create better processes and efficiencies? How will the use of grant funds Elevate your products and/or services compared to your competition? (250 word limit)

In what ways does your business currently make a social and/or economic impact on the local community it serves? How can the grant funds enhance your current impact? (150 word limit)

How will your use of funds Elevate your employee's skills, knowledge, or industry expertise? Be specific. If your project does not impact employees directly, share with us efforts ownership intends to implement to strengthen and enhance their own skills, knowledge, and expertise. (100 word limit)

How do you drive customer and/or revenue growth? What is your marketing strategy? (100 word limit)

What are the potential barriers to success and alternative plans to ensure project success? (100 word limit)

Business Name:

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Elevate Application Certification and Signatures

All owners need to 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 the last two years' average annual revenues 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.
- Submitting an application to the Bank does not guarantee or imply an award or funding of a request.
- If awarded, grant 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:

1. 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.
2. I have reviewed and verified (where applicable) the content of this Application.
3. I certify that all information provided to the FHLBank Indianapolis Member Financial Institution is true and accurate.

<div></div> <div>Owner Name</div> <div></div> <div>Owner 1 Signature</div> <div></div> <div>Date Signed</div>	<div></div> <div>Owner Name</div> <div></div> <div>Owner 2 Signature</div> <div></div> <div>Date Signed</div>
<div></div> <div>Owner Name</div> <div></div> <div>Owner 3 Signature</div> <div></div> <div>Date Signed</div>	<div></div> <div>Owner Name</div> <div></div> <div>Owner 4 Signature</div> <div></div> <div>Date Signed</div>

Business Name: