

City of Cavalier Business Development Grant Application



Grant Type

Demolition Grant

Business Growth Grant

Storefront Improvement Grant

Energy Efficiency Grant

Home-based Business Transition Grant

Business Name

Contact Name

Date

Business Address

Mailing Address (if different)

Landlord Name (if applicable)

Landlord Phone Number (if applicable)

Phone Number

Email Address

ND Sales & Use Tax Permit Number

Project Description

Total Cost of Project

Total Amount Requested

Have you, or will you, received grant dollars or any financial assistance for this proposed project? Yes No

Have you received any grant dollars or financial assistance from the City of Cavalier in the past? Yes No

I acknowledge that it is the responsibility of a grantee to use and report all funds appropriately.
I acknowledge that no funds will be used for any purpose that violates federal, state, and local laws.

Signature

Date

For office use only

Approved

Denied

Signature

Date