**Intention of the Grant:**

The Thornton Start Up Grant (Start Up Grant) is designed to assist small business owners with

starting, relocating, or expanding their business (to a larger or 2nd location), anywhere in the city of Thornton. The intention of the program is to rebuild and sustain our economy from the impact of COVID. City Council would like to attract new and unique businesses and services to the Thornton community, while supporting the growth of a small business owner or start up with a concept or idea by bringing it to reality. The intention of the grant is to help those most in need.

**Important information to know**

* Applications, **along with an approved business plan/strategic plan**, must be submitted within 6 months from the date the Certificate of Occupancy is issued for the new Thornton location.
* Applications may be submitted online, dropped off, returned by mail or email to the Alliance Business Assistance Center. We can assist with questions or completing the application.
* If approved for the grant, all grant requirements must be complete before reimbursement payment will be made.
* All information must be submitted, or your application will be considered incomplete and will be returned for completion.
* Applications are accepted January 2023 through October 31, 2023. No extensions will be allowed. Grants will be accepted on a first-come, first-served basis until the funding is gone.

 **This completed application form must include:**

* Letter from the Secretary of State showing business is in good standing. Obtain and print from [www.sos.state.co.us](http://www.sos.state.co.us/).
* Complete and signed W-9 Form - [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) .
* Copy of signed Lease or Letter of Intent to lease the space.
* Approval from Property Manager or Building Owner to make building improvements and/or add large equipment to the space (if not clarified in lease).
* A Business Plan for owners operating the business for less than 2 years, ora Strategic Plan for owners operating the business for 2 years or longer. Please see Requirements & Information page for more information.
* Any accompanying drawings, information to clarify the projects you will carry out, and approximate cost of your purchases and improvements. If grant application is for marketing, please include a proof of the advertisement or material.
* “Before” photographs of each proposed project.

 **Grant** **Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Grant Submittal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Grant:** (circle all that apply) **Exterior Interior Equipment Marketing Other**

**Date Certificate of Occupancy Issued: (if already in operation) Business Owner’s Name: Contact Phone and Email for Business Owner: Legal Name of Business:**

**Doing Business As (dba): Secretary of State ID #:**

**New Business Start Date in Thornton, CO:**

**New Thornton Business Address:**

 **Property owned or leased (please circle):** Owned Leased **Lease Exp. Date: \_\_\_\_\_\_\_\_\_\_**

 **If leased, contact information for Building Owner / Property Manager: (name, phone, email address)**

 **Are you subleasing the space from another business? Yes / No**

 **Does your business have a separate address (unit or suite number) from the leaseholder? Yes / No**

 **How many square feet are you leasing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **How many employees will work at your new Thornton location? \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Number of Full Time Employees: Number of Part Time Employees:**

**Does the business owner have any personal interests or conflicts of interest through relationships or business dealings with the City, OED, BTAC, Alianza, or the grant review committee? If Yes, please explain: (This is not a disqualifying factor but must be disclosed for final review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If you are a new business owner or have been in operation for less than 2 years, you are required to submit a business plan and participate in our Business Start Up counseling sessions; please contact the Alliance Business Assistance Center to schedule a time to meet with one of our staff, 720.674.3547. **You will be required to produce an approved business plan prior to submitting your application.**

**Do you currently or have you ever owned a business in Thornton, CO?**

**Thornton Business License #:**

**Yes**

**No**

**Thornton Business Name:**

**Number of Full Time Employees: Number of Part Time Employees:**

* **If you have been in operation longer than 2 years, you will be required to produce an approved strategic plan prior to submitting you r application. The strategic plan must address each of the following in detail:**
* Business operation, product or service you bring to the Thornton community; impact you will have in the Thornton Community; how your business will operate, including management team and staffing information.
* Why you chose this location to expand or relocate your business.
* What your business goals are over the next 12 months.
* How you intend to market your business location/expansion over the next 12 months.
* What you project your profit margin to be over the next 12 months (please attach cash flow projection sheet).
* How you intend to use the grant funding.
* Approximate cost of total project and breakdown of each major category.
* Please explain to the reviewers why your business should be chosen for the grant.

**I hereby certify that all information in this application is accurate and correct.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Owner or Authorized Officer Signature Date**

**If you are not the business owner, please provide your name, business title, phone number and email:**

Applications may be submitted online at [www.businessinthornton.com](http://www.businessinthornton.com)/local-business,

dropped off or returned by mail to the Alliance Business Assistance Center, 550 Thornton Parkway Unit 170, Thornton, CO 80229, or emailed to alliance@thorntonco.gov.
For questions, please call 720.674.3547