

2024 South Thornton Attraction & Revitalization Grant (STAR)

Application

Application Information:

- Completed applications will be accepted January 2024 through the deadline of October 31, 2024.
- Applications must be submitted within 6 months from the date the Certificate of Occupancy is issued for the new Thornton location.
- Applications are reviewed on a first-come, first-served basis. Once the funding is gone, there are no additional funds – so don't wait until the deadline to apply!
- Applications may be submitted online, dropped off, returned by mail or email to the Alliance Business Assistance Center. Call for assistance with questions or completing the application.
- If approved for the grant, all grant requirements must be completed by December 9, 2024 (Late submissions or incomplete packets will not be accepted and reimbursement will not be paid.)**

Application Checklist:

All information must be submitted, or your application will be considered incomplete and may be discarded.

- Completed application form.
- Letter from the Secretary of State showing business is in good standing. Obtain and print from www.sos.state.co.us.
- W-9 form - www.irs.gov/pub/irs-pdf/fw9.pdf (See 6a for more information about why this is needed.)
- Copy of signed lease or Letter of Intent to lease the space.
- Approval from building owner or property manager to make identified changes.
- A business plan for owners operating the business for less than 2 years, or a strategic plan for owners operating the business for 2 years or longer.
- Any accompanying drawings, information to clarify the projects you will carry out, or the cost of your equipment purchases. 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: _____

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

Application

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.)

Do you currently or have you ever owned a business in Thornton, CO?	Yes	No
Thornton business license #: _____		
Thornton business name: _____		
Number of full-time employees: _____	Number of part time employees: _____	

- 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. Please contact the Alliance Business Assistance Center for assistance, 720.674.3547.
- If you have been in operation longer than 2 years, you must attach a strategic plan that addresses 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 (include 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 (attach cash flow projections).
 - 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 businessinthornton.com,
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, call 720.674.3547.