



City of Sharon

Economic Development Fund Grant

Letter of Intent Form

Applicant Information

Name		Phone	
Title/Role		Email	

How did you hear about this grant opportunity?

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Business Information

Business Name		FEIN	
Entity Type			
Business Mailing Address			
Business Physical Address*			
Business Phone		Website Address	
Social Media (please provide links)			

*Must be in Sharon/16146 for consideration

Business Description

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Number of Years in Business		Number of Current Employees	
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Business Owners

Name	Percent Ownership	Email	Phone

Do you have a business plan? Yes No

Please attach your business plan, projections, and any other relevant documents.

Are you currently working with a business development organization?

If so, which business development organization are you working with? (Shenango Launchbox, SBDC, etc)

Grant Impact Information

How much financial assistance do you need for this phase of your business from ALL sources, including this grant request? _____

How much are you requesting from the City of Sharon Economic Development Fund?

What will the funding be used for? Please indicate a schedule including key milestones and dates.

Do you intend to remain local with this business? _____

Are you in need of physical space? (office, retail, storefront, warehouse, manufacturing, etc)

How will your business positively impact Sharon and the greater Shenango Region?

Other Optional Information

Gender: Female Male Nonbinary Other

Ethnicity: Hispanic Equally Hispanic/Non-Hispanic Non-Hispanic

Race: White Black or African American Asian

 American Indian or Alaska Native

 Native Hawaiian or another Pacific Islander

 Other Race (please specify) _____

Veteran Status: Veteran Non-Veteran

Disabled: Yes No