



SPRING GROVE ECONOMIC DEVELOPMENT AUTHORITY

P.O. Box 218 • 118 1st Avenue NW • Spring Grove, MN 55974

EDA Co-Directors:

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SPRING GROVE SMALL BUSINESS GRANT
PROGRAM APPLICATION

Business Name: _____

Business Address: _____

Primary Contact: _____

Contact Email: _____

How many full time employees does your business have? _____

What Supplies have you purchased or do you plan to purchase with these funds?
Please identify each item & how each will be utilized in your current Preparedness Plan.

Do you Plan to purchase these items locally? _____ YES _____ NO
If not, please explain why you are unable to purchase locally.

How much are you requesting from the program? \$ _____
(minimum of \$50 & maximum of \$10,000)

Applicant Name (printed) _____

Applicant Signature _____ Date: _____