

Moving Your Business 2024-ward

Grant Application

Grant Details and Requirements:

Businesses may apply for a **maximum of \$5,000** in funds to support their business.

Applicants must have attended RevUp ShenCo on April 15, 2024 to qualify.

Applications will be scored based on the merit of the application along with points awarded for additional efforts related to small business development including but not limited to attending Shenandoah County Chamber events, meeting with their respective locality representatives, attending an Small Business Development workshop, etc.

Businesses must be up to date on any local, state or federal registrations, licenses and taxes to apply.

Applications will be scored based on completeness and participation.

This grant is intended for business use only. Funds cannot be applied towards personal expenses, payroll, taxes, corporate travel and gifts, etc.

Applications must be submitted by 5:00 pm on or before June 15, 2024.

Submit complete applications to John Fogle, Business Retention and Expansion Manager with Shenandoah County Economic Development → ifogle@shenandoahcountyva.us

Winners will be notified by July 1, 2024.

Grant funding will be awarded on a reimbursement basis and funds must be spent by December 1, 2024 to qualify for reimbursement or payment.

BUSINESS NAME:			
BUSINESS ADDRESS:			
BUSINESS PHONE:			
WEBSITE:			
SOCIAL MEDIA ACCOUNTS:			
CONTACT NAME:			
CONTACT EMAIL:			
CONTACT PHONE (IF DIFFERENT FROM ABO	OVE):		
Check Here if This is a Home Based	l Business		
LOCALITY*: Please check the locality in w check "Strasburg" only if your business is I business with a Strasburg address but ope check "Shenandoah County."			
*This will not impact scoring but be used internally	to track where funds are dispersed.		
Strasburg	Toms Brook		
Woodstock	Edinburg		
Mount Jackson	New Market		
Shenandoah County	Other (please specify)		
	P O		
How long has your business been in operation?			

Check the category that best describes your business:		
	Professional/Personal Services	
	Manufacturing	
	. Agricultural	
	. Retail	
	Food & Beverage	
	Hospitality/Tourism Based	
	. Arts	
	Other (please specify)	
Please pro	Other (please specify) ovide a brief description of your business:	
Please pro	ovide a brief description of your business:	
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Please pro	ovide a brief description of your business:	

Target Market:

Examples may include age, gender, geographical location, interests, etc.	
2. Describe how you promote your business to new and existing customers:	

3. What classes or programs to support your business have you attended from June 15, 2023 - June 15, 2024? Check all that apply:

<u> </u>	nts: Like and Follow your Town Facebook Page Like and Follow Shenandoah County Economic Development on Facebook Like and Follow Shenandoah County Economic Development on LinkedIn Subscribe to your town or county newsletter Shenandoah County Chamber After Hours event
-	Shenandoah County Chamber Lead Share meeting, program, or class Meet with your respective Town or County economic development office Meet with Kelli Weaver (Virginia Tourism Corporation) Participated in or scheduled a "Noah Shenandoah" Video Free business consultation with People Inc. staff Free consultation with Small Business Development Center (SBDC) staff Free consultation with Shenandoah Community Capital Fund (SCCF) staff Attend a SBDC webinar or class (please list date and title)
	Attend a SCCF Webinar or Class (please list) Attend a VA Community Capital (Locus) Noon Knowledge Class (please list)
	Other (Please list):

4.	4. Share specific key takeaways or information learned from the above sessions:	
5.	Share how you have applied or will apply anything learned from any of the above sessions:	

6.	Describe how the funds would be used if awarded:		

BUDGET OF PROPOSED GRANT FUNDED PROJECT

Grant Funds Requested	\$
Additional Funds*	\$
Total Budget	\$
	s being used to finance this program. If full funding the project would be impacted or how you will ordingly.
Grant funding will be awarded on a December 1, 2024 to qualify for rein	reimbursement basis and funds must be spent by nbursement or payment.
I hereby verify that the information	on submitted in this grant application is correct.
I certify that my business is currer and taxes.	nt on all local, state or federal registrations, licenses
	e any amount of grant funding, the entire amount urposes only. I am aware that I may be asked to se.
Name:	
iianature:	Date: