

2026 Economic Development Grant & Predevelopment Grant Application



Date of Application:	
Grant Request: <i>(check one)</i>	<input type="checkbox"/> Economic Development Grant (up to \$150,000) <input type="checkbox"/> Predevelopment Grant (up to \$40,000)

Organization Information			
Applicant Organization:			
Doing Business As:			
Previous Name, if changed:			
Mailing Address:			
City:		Zip:	
County:			
Phone:			

Contact Information			
Contact Person:		Title:	
Contact Phone:		Contact Email:	
Executive Director/CEO:			

Project Profile			
Primary Project Name:			
Project Address or Parcel ID Number(s):			
Project City:		Zip:	
Project County:			
Is this a LIHTC Project? What is the award status?			

Grant Request	
Funding Request:	\$
Total Project Cost:	\$
List all Sponsors and Developers:	

Project Details

1. Briefly describe the project including populations served and community impact.

Social Impact	
Jobs: A Full-Time Equivalent (FTE) Job is a 35-hours or more worked per week. Example: Two part-time employees who each work 17.5 hours per week combine to count as one FTE (17.5 hours x 2 = 35 hours).	
How many jobs will be retained as a result of this project?	Full-time jobs: _____ Part-time jobs: _____ FTE Total: _____
How many jobs are projected to be created (within the next 12 months)?	Full-time jobs: _____ Part-time jobs: _____ FTE Total: _____
How many construction jobs are projected (within the next 12 months)?	_____
Total number of projected beneficiaries and people served (yearly)	
<input type="checkbox"/> Commercial <u>Square Footage</u> <input type="checkbox"/> Manufacturing _____ <input type="checkbox"/> Office _____ <input type="checkbox"/> Retail _____ Total SF: <u>0</u>	<input type="checkbox"/> Residential <u>Housing Types:</u> <u>No. of Units:</u> <u>Square Footage:</u> <input type="checkbox"/> Sale _____ _____ <input type="checkbox"/> Rental _____ _____

Certification Statement

Agreements and Representations:

1. I/We represent to Finance Fund that all information provided on this application or otherwise in connection with this request is true and correct, is not misleading, and does not contain any material omissions.
2. I/We agree to comply with the provisions of the Grant Program for which we are applying for.
3. I/We agree to all of the terms and conditions applicable to the request.
4. I/We represent to Finance Fund that I/We are authorized to sign this application on behalf of the applicant, and that I/We have the title indicated below, and that no other person(s) is/are required to sign this application in order to bind the applicant or to make any of the representations, agreements, or other information in this application accurate, effective, and legally binding.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Submittal of Application

Please return application and all supporting attachments by email to bgasser@financefund.org.

Required Attachments

The following list of required attachments is considered part of the application.

Exhibit A:	Copy of applicant's most recent audited annual financial statement
Exhibit B:	Governing documents: D1: Articles of Incorporation D2: By-Laws D3: IRS 501 (c)(3) letter D4: Certificate of Good Standing, issued within 30 days of application
Exhibit C:	Sources and Uses Statement and Financial Projections (minimum 1 year/if applicable) for the project