

Ashford Business Grant Program (ABGP) Application

The Ashford Business Grant Program was established by the Board of Selectman(BOS) to provide limited, one-time direct financial assistance to eligible Ashford small businesses and nonprofits that employ 25 or fewer employees and that have been adversely impacted by the COVID pandemic. The Program is funded through the American Rescue Plan Act (ARPA) funds, and administered by the Town of Ashford's Economic Development Commission with final approval of the BOS. The Program is intended to help small businesses and nonprofits recover from the public health emergency and become stronger in the current economic environment.

PLEASE return the application in a sealed envelope attention to the First Selectman's Office, Town Hall, 5 Town Hall Road, Ashford, CT 06278, No later than 2:30 PM December 8, 2023 (If mailed application must be postmarked by December 8, 2023).

All information provided will be kept in confidence pursuant to state and federal laws.

PLEASE PRINT

1. Full Name of Business: _____
2. Address of Business: _____
3. Contact Information of Business Owner:
 - a. Name: _____
 - b. Email: _____
 - c. Phone: _____
4. Business EIN/Tax ID: _____
5. Amount of Grant Requested up to \$5,000: _____

6. Describe the type of business you were operating at during the COVID-19 Pandemic from March of 2020 through December 2022 including the number of Full-time and Part-time employees and how the pandemic impacted your business (**PLEASE ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED**):
7. Please explain how your business will use the ABGP funds to address and correct any impacts from the pandemic and/or help your business become more resilient or competitive moving forward(**PLEASE ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED**):
8. Attach items under Application Requirements contained in Ashford Business Grant Program Overview.

I , the undersigned, certify that all the information submitted as part of this application is true to the best of my knowledge.

Signature of Business Owner: _____

Date of Application: _____

