

# “PONTIAC’S BIG IDEA” GRANT PROGRAM

Sponsored by



*The Pontiac’s Big Idea Grant Program (PBIGP) will provide grant awards to businesses that gross less than \$1,000,000 annually that have ideas to grow or businesses to expand.*

## GIVE US SOME BASIC INFORMATION

Business Name \_\_\_\_\_ Name of Applying Business Owner (First Name/Last Name) \_\_\_\_\_

Name(s) of Other Business Owner(s), If Any \_\_\_\_\_ First Name(s) / Last Name(s) \_\_\_\_\_

Current or planned Business Street Address <sup>1</sup> \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Business Website, If Any \_\_\_\_\_

Business Email Address \_\_\_\_\_

Date Business Founded <sup>2</sup> (Month/Year) \_\_\_\_\_ Number of Employees \_\_\_\_\_

List the business social media presence \_\_\_\_\_

Is, or will, this business physically be located in Pontiac?     Yes     No

Is the business a new or existing business?     New     Existing

If an existing business, revenue for the past two years.    \_\_\_\_\_ 2016    \_\_\_\_\_ 2017

How long will it take to implement the idea or expansion once approved for a grant? \_\_\_\_\_

Do you intend to apply for a CEED/Flagstar loan that combines a grant and loan?     Yes     No

How much money will you personally invest into this idea, or to expand, this business? \_\_\_\_\_

1. *The Business Street Address should reflect where a business is physically located and operating. This may be different from where a business is registered or incorporated.*
2. *Businesses should consider the number of years operating when listing Date Business Founded. This may be different from the number of years registered or incorporated.*

**Business Entity**

Sole Proprietorship  General Partnership  Corporation  Limited Liability Company (LLC)  
 Limited Liability Partnership  Low Profit Limited Liability Company (LC3)

**Business Industry**

Construction  Creative  Education  Entertainment  Farming  Food  Hospitality  
 Information  Manufacturing  Medical  Retail  Service  Technology  Transportation  
 Home Based  Other

Is English your preferred language?  Yes  No  Prefer not to answer

If no, what is your preferred language? \_\_\_\_\_

**DESIGNATE A CONTACT PERSON**

*This person may be different than the Applying Business Owner and/or Business Information listed above. In cases where an individual has assisted on an application or applied on behalf of a business owner, PBIGP recommends that they are listed as the designated contact person.*

\_\_\_\_\_  
Designated Contact Name (First Name/Last Name) Relationship to Business Owner(s)

\_\_\_\_\_  
Designated Contact Phone Number Designated Contact Email Address

**PITCH YOUR IDEA FOR GROWTH**

We do not know your business like you do, so, whatever the idea, it’s up to you to tell us. Be concise, specific, and honest. The best applications will have ideas for growth that are **Impactful, Courageous, Unique, Achievable, and Clear**. The 2017 Program Guidelines describe these qualities in depth.

- 1. Describe your business: (about 50 words) My business is...  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe your idea for growth: (about 150 words) If I had \$10,000 to grow my business, I would spend the money in the following way... (please itemize and be very specific)

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3. Describe the impact of the idea on your business: (about 100 words) This idea will strengthen my business by:

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4. Describe the impact of the idea on your city: (about 100 words) This idea will strengthen my city or neighborhood by...

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5. Why are you passionate about your business idea? (about 100 words) \_\_\_\_\_

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6. Can your idea for growth lead to jobs for residents of Pontiac?     Yes     No

## **MAKE YOUR APPLICATION OFFICIAL**

1. I understand that the PBIGP Advisory Council reserves the right to make the final determination of any person's or organization's eligibility and/or qualifications for program benefits, and to make allocation of program benefits as it may, in sole discretion deem appropriate.
2. I understand that the PBIGP Advisory Council is comprised of Pontiac residents and stakeholders who will independently determine the approval or denial of grants without the influence of any person or entity associated with the PBIGP.
3. I represent that I am duly authorized by my organization to submit this Application.
4. I understand that the purpose of this program is to encourage and serve underserved and underrepresented persons or communities in Pontiac to encourage job growth.
5. I understand that receiving a grant is predicated on me doing my best to fulfill the intentions of the grant as I've described within this application and the business plan I submitted along with this application. I understand that failure to meet these terms may result in repayment of the monies I received to the grantor.

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**Signature of Business Owner/Representative**

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**Date**

*This signature must match the "Name of Applying Business Owner" provided in the first section of this application.*

**PLEASE RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS.**

## **SUBMITTING YOUR APPLICATION**

There are two ways to submit your application to PBIGP:

1. Apply Online at [www.greatlakeswbc.org/programs/ceed-lending](http://www.greatlakeswbc.org/programs/ceed-lending)
2. Email your completed application to [grants@mainstreetpontiac.org](mailto:grants@mainstreetpontiac.org)

## **INQUIRIES**

You may email questions to [grants@mainstreetpontiac.org](mailto:grants@mainstreetpontiac.org)