



The purpose of the YEDC Business Retail Enhancement Program is to stimulate sales-tax collecting businesses located within the city limits of Yoakum

Business Name: _____ Date: _____

Business Address: _____

Applicant Name: _____

Mailing Address: _____

Contact Phone: _____ Fax: _____

Email Address: _____ Business Tax ID #: _____

Years in business _____ Time at this location _____

Project Details (attached additional sheets if needed)

Estimated Project Cost: _____ Amount Requested: _____ Start Date _____

Applicant signature _____ Date: _____

Applicant has read and agreed with YEDC Grant Guidelines _____ (initial)

Building Owner Signature: _____ Date: _____

YEDC Application Receipt _____ Date: _____

YEDC Board Action: _____

_____ Date: _____

Application Checklist:

- Bids and proposals
- Company or personal W-9
- SBDC letter

Grant Completion Checklist:

- Project Photos
- Materials & Labor Receipts
- Letter requesting reimbursement

Const. Review _____ Jobs created/retained _____ FY _____

Actual Cost: _____ Recomputed grant _____ Check # _____ Date _____