Springboro Chamber of Commerce *Business Growth Grant Application*

Business Name:
Business Address:
Business Owner/Primary Contact:
Phone Number:
Email Address:
Brief Description of Business:
A. Project Information
Project Description: Please provide a description of the project or initiative you wish to fund with the grant. (Max. 500 words)
How will the grant help your business/non-profit grow or expand? Please explain how this project will impact your organization's growth and its potential for long-term sustainability. (Max. 300 words)
How do you plan to measure success? Describe how you will evaluate the success of your project after completion. (Max. 200 words)

Total Amount Requested (up to \$7,500):

В.	B. Project Implementation Timeline (Project must be completed on year	r from a	award d	of the
	grant):			

Describe the timeline for executing the plan, including key milestones or phases. (Max. 300 words)

C. Impact on Community and Business Growth

How will this grant support the growth and success of your business? Explain how this funding will directly contribute to your business's growth or improvement. (Max. 300 words)

What is the anticipated impact on the Springboro community?

Describe how the business's growth will affect the local community, such as job creation, supporting local suppliers, or other positive contributions. (Max. 300 words)

D. Financial Information & Sustainability

Budget Breakdown:

Please provide a detailed budget for how you plan to use the grant funds. Include any other sources of funding, if applicable. (For example: equipment, hiring costs, marketing, etc.)

	Financial Statements: Please provide the most recent financial statements/tax returns, including profit and loss and balance sheet.
	What is your plan for ensuring long-term sustainability of the project? Explain how you plan to manage funds and ensure continued growth and sustainability of the project. (Max. 300 words)
E.	Organizational Information
	How long has your organization been in operation?
	How long has your organization been in operation? Is your business/non-profit currently facing any financial challenges? Please provide a description of any financial challenges and how this grant will help overcome them. (Max 300 words)

F. Alignment with Springboro Chamber of Commerce Values

How does this project align with the values and mission of the Springboro Chamber of Commerce?

Describe how your project will support the Chamber's goals of fostering local business, economic growth, and community engagement. (Max. 300 words)

Certification & Signature

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification from consideration for the Springboro Chamber of Commerce Business Development Grant Fund.

Signature of Business Owner: _	
Business Owner Name:	
Date:	

Submit completed application and supporting documentation to chamber@springboroohio.org by July 30, 2025.

Please consult your tax advisor regarding tax implications.