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| Text  Description automatically generated |

**DUKE ENERGY REVITALIZATION GRANT**

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date Incorporated: |  | State Incorporated.: |  | EIN #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Current Year Operating Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner or Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Funding

PROPOSED USE OF GRANT: Identify the needs that your request will address in a cover letter (no more than one page).

Projected Goals

Objectives

Timeline for completion of project

Total Project Cost including other Funding

Who will project benefit your business

What geographic area will the project serve

Include any social media accounts and links

## Disclaimer and Signature

Please address anything else about your business or project you think is relevant to this proposal

I certify that my answers are true and complete to the best of my knowledge.

President or CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Application Deadline: 5pm on November 30, 2022

Brunswick County Chamber of Commerce 112 Pine Street, Shallotte, NC28470

For more information email only: [sfreeman@brunswickcountychamber.org](mailto:sfreeman@brunswickcountychamber.org)