



Business Development Improvement Program (BDIP)

Application

Name of Business: _____

Zoning Classification: ☐ B1 ☐ B2 ☐ B3 ☐ Industrial ☐ MUC ☐ Parks & Rec

Business Contact Information:

Primary Contact Information:

First Name: _____ Last Name: _____

Email: _____ Phone #: _____

Contact's Relation to Business (ex. President, Chair, etc.): _____

Mailing Address of Business/Representative: *this address will be used for all mailing correspondents*

Address: _____ City: _____ State: _____ Zip Code: _____

Is the business owner a Jackson Township resident? ☐ Yes ☐ No

What is the mission statement or values of the business?

Click or tap here to enter text.

When was the business established? _____ NAICS Code: _____

Where was the business established? _____

****Please attach a copy of the business license or Ohio Secretary of State Certificate.****

If applicable, how long has the business been in Jackson Township? _____

Are there any parent companies? ☐ Yes ☐ No

Project Information:

Project Name: _____

Project Location: _____

(You may also provide a map, but it is not required)

Project Description: (Provide a brief description of the project.)

Project Objective and Purpose: (Why this project is important to the business.)

Projected Outcome of Project:(What impact will this project have on the business and Jackson Township?)

Projected Job Creation: (Provide the number of jobs that will be created, average pay and benefits offered)

Total Project Cost: \$ _____ Required Match Amount: \$ _____

Additional funding: \$ _____ Source(s) of non-grant funding: _____

TOTAL GRANT REQUEST: \$ _____

****Please attach a detailed proposed budget for the project.****

Grants may be awarded for less than the requested amount.

Applicant agrees to provide any additional information requested by the CIC

If the project is approved for funding by the Jackson Community Improvement Corporation (CIC), a meeting may be scheduled to coordinate project details with the CIC.

The undersigned represents and warrants to The Jackson Township Trustees and the Jackson Community Improvement Corporation that the information contained in this application is true and accurate in all respects and contains no omissions or misrepresentations.

Applicant Signature

[Business name]

[Signature of legal representative]

[Name of person signing]

[Business title of person signing]

[Date]