Bigfork Valley Community Foundation

P.O. Box 44
Bigfork, MN 56628
218.743.4116

City of Bigfork Small Business Grant Application

Business Name: _____

Owner Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

**Non-Profits are not eligible for small business grants - please inquire for BVCF's non-profit grant application*

Federal Tax ID/EIN #_____ State of MN Tax ID#_____

Is your business in good standing with the MN Secretary of State? _____ Yes _____No

Number of full-time equivalent employees: _____ (must be less than 25)

Will the project help to add or retain employees? _____ Yes _____No

Grant amount dollars requested: _____ (not to exceed $2,000.00)

Brief project description:

_____

_____

_____

_____

_____

Please attach a project budget.

The accuracy of this information, and that this project meets eligibility requirements, is attested to by:

_____
Business Owner/Manager Printed Name

_____ _____
Business Owner/Manager Signature Date

Please return this application by February 10, 2025 to: Bigfork Valley Community Foundation / PO Box 44 / Bigfork, MN 56628 / If you have any questions, please email: kristen@bigforkvalleyfoundation.org