



**HALLETTSVILLE 4A EDC  
Advertising Grant Application**

<b>For Office Use Only</b>
Business Name: _____
Date Received: _____

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET
CITY
STATE
ZIP

Business Tax ID and/or EIN Number (*required*): \_\_\_\_\_

Building or Project Address: \_\_\_\_\_  
(WRITE "SAME", IF SAME AS MAILING)
STREET
CITY
STATE
ZIP

**BUSINESS INFORMATION**

List Business Owner(s):

NAME	%OWNERSHIP	NAME	%OWNERSHIP
NAME	%OWNERSHIP	NAME	%OWNERSHIP

Describe your business: \_\_\_\_\_

**PROJECT SUMMARY**

Describe the advertising/marketing that this grant will help fund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how this is a new or innovative strategy for your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advertising Expenses: \_\_\_\_\_ Estimated Expenses: \$ \_\_\_\_\_

Marketing Expenses: \_\_\_\_\_ Estimated Expenses: \$ \_\_\_\_\_

Total estimated project investment: \$ \_\_\_\_\_

**AFFIDAVIT**

**I certify by my signature below that: A) this business does not and will not knowingly employ an undocumented worker, and B) if convicted of federal immigration violations under 8 U.S. Code Section 1324 a (f), I will repay all funds received from this grant plus 10% within 120 days of notice. At completion of project, I will submit a statement of project cost with supporting paid invoices, Texas Workforce Commission Employer's Quarterly Reports with IRS Form 941, roster of employees with total hours worked, and copies of paid tax receipts. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING STATEMENT AND THAT THE FACTS STATED THEREIN ARE TRUE.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_