



HALLETTSVILLE 4B BUSINESS DEVELOPMENT CORPORATION
Small Business Assistance Program Application

For Office Use Only
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/INVESTMENT SUMMARY

Describe the project that this grant will help fund: _____

How many full time equivalent employees will this project create? _____ or None (CHECK IF APPLIES)

How many full time equivalent employees will this project retain? _____ or None (CHECK IF APPLIES)

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: _____