



209 E. Chestnut St. Suite 2
Canton, IL 61520
(309)647-2677 Ext. 1
www.cantonillinois.org

Canton Main Street Micro Grants

Canton Main Street is dedicated to making Canton's downtown a vibrant and thriving center of the community. One of the four approaches used by the Main Street movement nationally is Economic Vitality. To support this approach, it is Canton Main Street's goal to help businesses located in our downtown area...and to bring new ones in!

Canton Main Street wants to help entrepreneurs take steps towards opening new businesses in our downtown and to help new owners improve or expand existing businesses they've purchased. To this end, **Canton Main Street will provide as many \$1,500 grants as possible, based on when funding is available to do so.**

Entrepreneurs must demonstrate in their application how they intend to use the funds to facilitate opening a new business. New owners of an existing business must outline how the grant will help improve services, operations, and/or products.

This is a reimbursable grant program. No funds will be disbursed until the applicant provides receipts for the expenditures approved through the application.

Canton Main Street Micro Grant applications are available under the Canton Main Street side of cantonillinois.org/mainstreet.

Canton Main Street Micro Grant Application

Mandatory Application Instructions

1. Applications are received on a rolling basis
2. Applications will be reviewed by the Canton Main Street Board of Directors at the first Board meeting following receipt of the application. If the services and/or purchases outlined in the application are time sensitive, and a determination is needed prior to the next scheduled Board meeting, the Board may choose to review and vote on the application via a special meeting or via email.
3. Applications shall be submitted in the format provided (see attached application). No other format will be accepted.
4. **Applicant must be a paid member of Canton Main Street.**
5. Grant seekers may obtain an application at the Canton Main Street office, 209 East Chestnut, Suite 2, Canton, IL 61520, by calling (309) 647-2677, or by downloading it at under the Canton Main Street side of cantonillinois.org/mainstreet.
6. Submit one application for initial review.
7. Completed applications should be mailed or hand-delivered to:

Spoon River Partnership for Economic Development
(Canton Main Street)
c/o Executive Director
209 East Chestnut, Suite 2
Canton, IL 61520
7. Any questions concerning the application process should be addressed to Cold McDaniel, Executive Director, at (309) 647-2677, Ext. 2.
8. Incomplete applications risk automatic disqualification.

CANTON MAIN STREET MIRCO GRANT APPLICATION

SECTION 1 – General Information

Please **type or clearly print** all information on form provided:

Legal Name of Applicant

Street Address

City, State, Zip

Mailing Address (if different from street address)

Mailing City, State, Zip (if different from street city, state, zip)

Contact Person(s) Telephone/Cell & Business Phone

E-Mail Address

Federal Employee Identification Number

Status of Applicant:

Sole Proprietor _____ Corporation _____ Partnership _____
S-Corporation _____ LLC _____ Other _____

Date and Place Organization was Incorporated and/or Founded _____

Identify the Officers/Owners of the Organization/Business (Name, Position, Phone Number and email):

1. _____

2. _____

3. _____

4. _____

SECTION 2 – Use of Funds

Total Amount Requested: _____

Use of Funds:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

TOTAL \$ _____
(should equal total amount requested above)

This is a reimbursement program; therefore, receipts are REQUIRED before funds will be released. Examples of possible eligible expenses include, but aren't limited to: computers, software, additional inventory, first month's rent, POS system etc.

SECTION 3 – Justification

What kind of impact will you have on the community (more sales tax revenue, more visitors to the area, addressing a service/need not currently being met, keeping an existing business open due to a retiring business owner etc.)? Explain.

Do you have a business plan you can provide to **Canton Main Street** to review? _____
If yes, please attach it to this application.

SECTION 4 – Certification

I/We certify the information contained in this application is complete, accurate, and fully discloses the scope and intent of our request for Canton Main Street (CMS) Micro Grant funding.

We further acknowledge that there shall be no other deviations from the maximum allowed by each line item and that there will be no revisions to the line items once approved by the CMS organization.

By signing this application, I/we accept and agree to be bound by the terms and conditions of the grant program as administered by CMS in compliance with current federal, state and local laws.

Applicant Date

Signature of Representative/Officer

Title

SECTION 5 –Waiver and Release of All Claims

WHEREAS, _____ (the “Grantee”), has
(Name of Applicant or Organization)
applied for and been approved by the Spoon River Partnership for Economic Development (SRPED) for a Canton Main Street (CMS) Micro Grant for business development or expansion of
_____.
(Name of business/organization)

NOW, THEREFORE, in consideration of the grant from the SRPED, Grantee hereby agrees that in the event that as a result of the business or organization, the SRPED is made a party defendant in any litigation or any claim or demand is made against the SRPED, the Grantee shall defend, indemnify and hold harmless the SRPED, its officers, employees or agents, individually and collectively, from and against any and all suits, claims, demands, set offs, or other actions, including but not limited to judgments arising wherefrom. The obligation of the Grantee shall include and extend to payment of reasonable attorneys’ fees for the representation of the SRPED and its said officers, employees or agents in any litigation or investigation and includes expenses, court costs, and all other fees associated with any litigation, claim or demand.

GRANTEE: _____
(Name of Business/Organization)

(Signature of Business/Organization Representative)

(Printed Name of Business/Organization Representative)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public