



Mini Match Basic Application Form

Amended 2/1/2018



GENERAL CONTACT INFORMATION			
Business Name:			FOR INTERNAL USE ONLY
Owner Name:			Date App Received:
Address:			Date to STAR Fund:
City:	State:	Zip:	Date to Commission:
Phone:	Cell:		Date Commission Approved:
Email:			Funding Amount Approved:
Federal Tax ID #:	Date Business Established:		Form 641:
Is SBDC Involved? YES <input type="checkbox"/> NO <input type="checkbox"/>		Time Sensitive: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Amount of STAR Fund Requested: \$			

PERSONAL INVESTMENT INFORMATION:	
Startup Cost Funds Source Name:	Amount Invested:
	\$
	\$
	\$
	\$
Total:	

Total Amount to be invested in the business: \$ _____

Please give a brief description of your business? _____

What is the primary purpose of business? _____

Additional information regarding this business: _____

Mini Match Program Checklist of Requirements

<input type="checkbox"/> The STAR Mini Match Application	<input type="checkbox"/> IRS W-9 Form
<input type="checkbox"/> Receipts (must all be submitted at time of application)	

The undersigned says applicant is duly authorized to verify the foregoing application, that applicant has read the same and is familiar with the statement contained herein and that the same are true in substance and in fact. The City of Williston, STAR Fund, and Williston Economic Development reserves the right to use the results of the report in published reports and/or articles as an example of a City of Williston funded project.

AUTHORIZED SIGNATURE: _____ **PRINTED NAME:** _____
TITLE: _____ **DATE:** _____

Application is to be filled out in its entirety. All requested information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section.

MINI-MATCH PROGRAM OPTIONS:

New Business:

- 2:1 Match up to \$5,000.00 in matching grants for new business startups and businesses in their first year. Business must be open for a minimum of 90 days before funding will be released. No Minimum.
- Eligible matching dollars include fixtures, furniture, equipment, store remodel, and rent.
- Receipts required for reimbursement and must be turned in at time of application.
- Project must have obtained all necessary permits and be in compliance.
- Under \$2,000.00 in match reimbursement is open for administrative review only.
- Home businesses to be considered on a case-by-case basis and must be a skilled trade or licensed professional through the State. Multi-Level marketing businesses will not be allowed.

Child Care:

- New Child Care start-ups and existing remodels are eligible for a 1:1 match not to exceed \$5,000.00 in matching funds
- Eligible matching dollars included: Fixtures, Furniture, Equipment, construction related build out costs, permit compliance related costs.
- Receipts required for reimbursement.
- Project must be a licensed (Or in process of licensing) child care facility through the State of ND.
- Providers who receive mini-match dollars must remain in operation for a minimum of 2-years from application date. Failure to do so will result in a pro-rated return of grant dollars to the STAR Fund.
- New and existing providers who receive start up assistance through the Mini Match program are ineligible for the annual assistance grant for two years of licensed operation.
- Under \$2,000.00 in match reimbursement is open for administrative review only.

Signage:

- 1:1 match up to \$5,000.00 in matching grants for new and existing business signage. No minimum.
- Matching reimbursement limited only towards the cost of the sign (*Installation fees are not eligible*)
- Reimbursement based on receipts.
- Project must have obtained all necessary permits and be in compliance with local sign ordinance.
- Project limited to the Williston City Limits and ETJ.
- Under \$2,000.00 in match reimbursement is open for administrative review only.