

GENERAL CONTACT INFORMATION		FOR INTERNAL USE ONLY
Business Name/Owner Name:		Date App Received:
Address:		Date to STAR Fund:
City:	State: Zip:	Date to Commission:
Contact:	Cell #:	Date Commission Approved:
Phone:	Fax:	Funding Amount Approved:
Email:		Payment Entry Date:
Federal Tax ID #:		Date Payment Mailed:
Date Business Established:		Form 641:
Amount Requested: \$		

BUSINESS OWNERSHIP INFORMATION:			
Key Owner's Names	Loan Request	Owner Equity	Est. Project Cost
Key Management Name / Phone #			
(if different from owner)			

KEY ADVISORS:			
	Name	Firm / Company	Phone Number
Attorney:			
Accountant:			
Insurance Agent:			
Bank:			

EMPLOYEE INFORMATION (F.T.: Full Time P.T.: Part Time)							
Current Employees	F.T.		Avg. Salary	\$	F.T.		
Est. After 1 yr	F.T.		Avg. Salary	\$	P.T.		
Est. After 2 yrs	F.T.			\$			
Totals	F.T.			\$			

Mini Match Checklist of Requirements
<input type="checkbox"/> The STAR Fund Mini Match Basic Application Form
<input type="checkbox"/> IRS W-9 Form
<input type="checkbox"/> SBDC Form 641
<input type="checkbox"/> Project Receipts (must have in order to be reimbursed)

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:** _____

MINI-MATCH PROGRAM OPTIONS:

New Business:

- 1:1 Match up to \$5,000.00 in matching grants for new business startups. No Minimum.
- Business must be within first year of operation.
- Eligible matching dollars include Fixture, Furniture, Equipment, Store front Remodel.
- Receipts required for reimbursement
- Project must have obtained all necessary permits and be in compliance
- Under \$2,000.00 in match reimbursement is open for administrative review only.

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 business startups. 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.