



OPELIKA CHAMBER OF COMMERCE

Small Business Grant Program

The Small Business Grant Program will be administered by a subcommittee of the Opelika Chamber Small Business Committee and will include diverse business owners and impartial participants who are ineligible to receive the grant for their own business. Grant amounts will vary by need and application total, and shall not exceed \$5,000. There is no guarantee that you will receive the full amount requested.

The award guidelines are as follows:

- 80% will be awarded to existing small businesses
- 20% will be awarded to start-up businesses (in operation 12 months or less)

Eligibility & Guidelines:

1. Complete applications must be submitted by the published deadline.
2. Business must be licensed within the City of Opelika.
3. Should employ 10 or fewer employees (2 part time = 1 employee).
4. Must demonstrate a need for funding.
5. Must not have received a grant through this program in the past 12 months.

Application Period: Applications will be accepted year-round at www.OpelikaChamber.com. If not selected, your application will be saved for consideration in the following selection round for a maximum of 1 year.

Review Period: Applications will be reviewed on an annual basis, in August of each year. Disbursements will follow in September.

Requirements: Following selection, you will be automatically enrolled in a year-long mentorship program, and expected to attend a quarterly training session to be hosted at Opelika Main Street offices at 108 S. 8th Street in Opelika, AL. Acceptance of this grant is automatic acceptance of these requirements/expectations. Participation is mandatory, and additional reporting/follow up may be required.

Submit completed applications to grants@opelikachamber.com.



OPELIKA CHAMBER OF COMMERCE

Small Business Grant Application

Business Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Website: _____

Date of Establishment: _____

Business License #: _____

Current Employee's: _____ New (potential) jobs created with grant: _____

Name of Applicant: _____

Relationship to Business: _____

Amount Requested: _____

Are you a current member of the Opelika Chamber of Commerce? Yes No

Is your business minority-owned, and/or female-owned? Yes No
Please note which: MINORITY FEMALE

Have you applied for a grant with the Opelika Chamber n in the past? Yes No
If so, when?

Have you received a grant in the past 12 months from this organization? Yes No
If so, when?

Will your grant support job creation that impacts low to moderate income persons? Yes No

Do you consider yourself to be a low to moderate income person? Yes No

Please answer the following questions and be detailed and thorough to help us understand your business, current and/or future needs, as well as the plan you have to utilize these funds to make an impact in your business and our economic vitality within the city of Opelika. Please complete these answers in a separate document and include the word document alongside your application form. Award recipients will be selected based solely on the application provided so be as thorough and detailed as possible to help us understand your situation.

Additional documentation may be required, including but is not limited to:

- **Business Plan / Analysis**
- **Fund utilization plan/drawings**
- **Invoice** (*for direct payment*) **or Proof of Payment** (*for reimbursement of funds*)

Application Questions:

- 1) Tell us more about your business:
- 2) What are the current/future needs of your business?
- 3) Provide a detailed plan on how you will utilize these funds.
- 4) What goals do you hope to accomplish with these grant funds?
- 5) Explain what receiving this grant could mean for your business.
- 6) Other Information.