



Greater Jefferson County Business Recovery Grant

Name of Business:

Owner(s) (Please list all partners, even if they do not have an active role in daily operation of the business):

Physical address:

Mailing address:

Name of contact person:

email: _____

phone: _____

How long has your business been operating:

How have you been directly affected by the COVID-19 shutdown:

Have you received aid from any other source? (PPP, other grants, etc) This does not necessarily disqualify you from receiving assistance.:

Number of employees:

Monthly rent/mortgage:

Please email application to cmiller@ventureoutbusinesscenter.com,
or send to VOBC - 975 Industrial Dr Suite 1, Madison, IN 47250