



Pass Christian Chamber of Commerce has instituted a program designed to assist small business development and expansion. Grants up to \$500 will be awarded to selected businesses in Pass Christian who meet the specified criteria and provide adequate documentation supporting their grant request.

**Applications will be judged in the following categories:**

- *Grant funds will increase*
- *Grant funds will positively impact City and surrounding businesses.*

To apply, review the guidelines below and complete the application on the opposite side of this form. You must provide all requested information to be eligible.

**The applications must be received no later than noon on April 30, 2019.** Completed applications may be dropped off in a sealed envelope at The Peoples Bank in Pass Christian Monday – Friday from 9 a.m. – 5 p.m. or mailed to Mississippi Gulf Coast Chamber, 11975 Seaway Road, Suite B120, Gulfport, MS 39503 or emailed to [info@mscoastchamber.com](mailto:info@mscoastchamber.com).

Please type or print clearly. You may attach extra documentation if more space is required.

**Guidelines and Eligibility Check List**

- \_\_\_\_\_ 1. **To be eligible for the Pass Christian Chamber of Commerce Small Business Grant Program you must be a member of the Mississippi Gulf Coast Chamber of Commerce, Inc.** Pass Christian Chamber of Commerce is an affiliate of Mississippi Gulf Coast Chamber of Commerce, Inc. Becoming a member of Mississippi Gulf Coast Chamber of Commerce, Inc. is synonymous with Pass Christian Chamber of Commerce membership. Call 228-604-0014 to join.
- \_\_\_\_\_ 2. The award may be granted to selected small businesses currently operating or reopening by grant submission date, in the City of Pass Christian.
- \_\_\_\_\_ 3. Applicants must complete the entire application, and it must be typed or written clearly. Please include as much detail as possible.
- \_\_\_\_\_ 4. Application for the grant gives permission for the Pass Christian Chamber of Commerce Board of Directors, staff or a designee to visit the business for evaluation.
- \_\_\_\_\_ 5. A small business is defined as a business with the equivalent of 50 full time employees or less.
- \_\_\_\_\_ 6. Applications must be received no later than noon by the corresponding due date and location noted above.
- \_\_\_\_\_ 7. Applicants must include a brochure, business card or flyer that adequately describes their business.
- \_\_\_\_\_ 8. If you are selected as a Pass Christian Chamber of Commerce Grant recipient, you will be required to fill out a grant accountability form.

**Payment Terms**

A W9 must be provided to the Chamber of Commerce before the grant money will be dispersed through a check to the business.

Recipients are encouraged to select products and/or services from a list of chamber member businesses if possible. You may obtain a list of chamber member businesses by visiting [www.mscoastchamber.com](http://www.mscoastchamber.com) and clicking on the Find Business button.

Recipients will be notified and a grant check presentation will be scheduled. The grant recipient agrees to participate and be included in media releases, photos, and social media posts.

**The decisions of the selection committee will be final.**

**The Pass Christian Chamber of Commerce reserves the right to limit applications, modify or change the program at any time. Also, reserves the right to void a grant based off not completing accountability forms.**

**Questions? Call 228-604-0014 or email [grose@mscoastchamber.com](mailto:grose@mscoastchamber.com).**



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**Pass Christian Chamber of Commerce  
Small Business Grant Application**

Date Joined:

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Are you currently open for business? YES NO Is your business home-based? YES NO

What year did you start your business: \_\_\_\_\_

Business Information: Form of Business (**circle one**): Sole Proprietorship Partnership\* Corporation

\*If your business is a partnership, all owners must be listed below.

Type of Services/Products Offered: \_\_\_\_\_

Date Business Originated: \_\_\_\_\_ Number of Full-Time Employees: \_\_\_\_\_

\*Business Owner(s): \_\_\_\_\_

Federal ID# \_\_\_\_\_ State ID# \_\_\_\_\_

Have you applied for the Pass Christian Chamber Small Business Grant in the past? YES NO If yes, when \_\_\_\_\_

On average, how many chamber functions do you attend each year? \_\_\_\_\_

Have you or anyone from your company served on any committees with the Chamber? \_\_\_\_\_

What is your mission or vision of your business?

Give a brief statement on the plans for your business over the next five years.

Project Estimate: \$ \_\_\_\_\_ Grant Requested Amount: \$ \_\_\_\_\_

Describe how you plan to use the grant: \_\_\_\_\_

Attach additional information if needed

How will you measure or quantify whether the grant is successful to your business? \_\_\_\_\_

Grant Awards will be up to \$500. If your project exceeds this amount or if you do not receive the full amount requested, will your project be completed? YES NO

By signing this application, I certify that the information in this application is true, complete and accurate to the best of my knowledge. I am aware that information will be kept confidential and that the selection of the grant recipients is at the sole discretion of the Pass Christian Chamber of Commerce.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*A second signature is required if there is more than one business owner.

**ATTACH BUSINESS CARD, BROCHURE OR FLYER THAT ADEQUATELY DESCRIBES YOUR BUSINESS.**