

Long Beach Chamber of Commerce Small Business Grant Program

Long Beach Chamber of Commerce has instituted a program designed to assist small business development and expansion. Grants ranging from \$250 up to \$500 will be awarded to selected businesses in Long Beach 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 business exposure.
- Grant funds will increase business capacity.
- Grant funds will positively impact City and surrounding businesses.
- Plans for spending grant funds are clearly defined.

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.

Completed applications may be dropped off in person or mailed to: Long Beach Chamber of Commerce, 11975 Seaway Road, Suite B-120, Gulfport, MS 39503 no later than noon on September 13, 2019.

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

Guidelines and Eligibility Check List

_____ 1. Long Beach Chamber of Commerce is an affiliate of Mississippi Gulf Coast Chamber of Commerce, Inc. Being a member of Mississippi Gulf Coast Chamber of Commerce, Inc. is synonymous with Long Beach Chamber of Commerce membership. Call 228-604-0014 to join.

*** To be eligible for the Long Beach Chamber of Commerce Small Business Grant Program you must be a member of the Mississippi Gulf Coast Chamber of Commerce, Inc.***

_____ 2. The award may be granted to selected small businesses currently operating or reopening by grant submission date, in the City of Long Beach.

_____ 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 Long Beach 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 in the Long Beach Chamber of Commerce office no later than noon on September 13, 2019.

_____ 7. Applicants must include a brochure, business card or flyer that adequately describes their business.

Payment Terms

Grant money will be provided after approval of the small business grant application by the selection committee. Payments will be made directly to company as noted on the application. 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 Long Beach 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.

Mississippi Gulf Coast Chamber of Commerce, Inc. is a membership organization made up of businesses in Harrison County and throughout South Mississippi. Through a partnership among the Biloxi, Gulfport, Long Beach, and Pass Christian Chambers of Commerce, Mississippi Gulf Coast Chamber of Commerce, Inc. promotes community and economic development on the Mississippi Gulf Coast

**Long Beach Chamber of Commerce
Small Business Grant Application**

Date Joined: _____
Office use only

Date: _____

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Work Telephone Number: _____ Cell Phone 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 Long Beach 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? _____

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 Long Beach Chamber of Commerce.

Signature: _____ Print Name: _____ Date: _____

*Signature: _____ Print Name: _____ Date: _____

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

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