



City of Grants Pass *SDC Incentive Program Grant Application*

Check one <input type="checkbox"/> Non-Profit Business <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial Business		<input type="checkbox"/> Other (explain)	
Name of Applicant		Tax ID Number	Tax Status
Street Address		Telephone Number	
Mailing Address			
Business Name			
Business Owner (if different from Applicant)			
Property Owner (if different from Applicant/ Business Owner)			
Brief description of Project:			
For Non-Profit, describe business, including mission statement and annual operating budget: If for Industrial, describe business, including market area and SIC:			
Amount of all SDC fees assessed by the City or reimbursement fees attached to property:			
Are you an owner-occupied business with 50 employees or less?			
Are you a new business, expanding, or relocating? What is projected time frame to occupy facility?			
Is your site plan ready to be submitted with this application? If not, when are you planning to submit?			
The statements made herein are true and represent a total disclosure of all the information as of this date. Applicant understands that the City will retain this application whether or not this grant request is approved. Applicant understands that this grant request may become public and/or may be reviewed by the Grants Pass City Council.			
Applicant Signature		Date	

Please provide the following information with this application:

- Copy of original SDC fee statement from the City Copy of tax status, mission statement, board listing, if applicable
- Site Plan