



PS, I Love You

Small Business Stabilization Grant

Large Equipment and Permitting Assistance

Date:

Name of Business:

Email Address:

Phone Number:

Business Address:

Please check the box to verify that your business has fewer than 50 employees.

Please check the box for the financial support that best benefits your business
(check all that apply):

Equipment replacement

Equipment purchase

Grease trap installation

Lighting improvements

Amount requested \$ _____ (up to \$10,000)

Amount funded by business \$ _____ (25% of amount requested)

Documents included with this application:

- Current/signed W-9 form
- Quote / purchase order for item(s) / invoice

Signature of Applicant

Printed Name of Applicant
