Small Business Growth Microgrant Program

Applicant Information

Business Name: _____

Business Owner: _____

Business Address: _____

Mailing Address (if different):_____

Phone: _____

Email: _____

Website: _____

Social Media:_____

Business Type:
☐ Retail
☐ Restaurant/Food Service
☐ Professional Service
☐ Personal Service
☐ Arts/Creative
☐ Other: _____

Year Business Opened: _____

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

Eligibility Certification

Please initial each statement.

_____ My business is a for-profit brick-and-mortar business located within the Downtown North Wilkesboro Historic District.

_____ My business has fewer than 100 employees.

_____ My business is current on all Town and County taxes.

_____ I understand this is a reimbursement grant and that grant funds cannot be used for expenses incurred before approval.

_____ I understand that all grant-funded projects must be completed and all required reimbursement documentation submitted no later than December 15, 2026. Projects not completed by this deadline may forfeit their grant award.

_____ I understand grant recipients must complete at least three hours of approved technical assistance by November 8, 2026.

Grant Request

Amount Requested (Up to $5,000)

$_____

Total Project Cost

$_____

Item	Vendor	Cost
		$
		$
		$
		$
		Total Cost: $_____

Please attach estimates, quotes, invoices, or pricing documentation.

Project Description

1. Describe your project.

What do you plan to purchase or complete?

_____

_____

_____

2. Why is this investment important to your business?

What challenge or opportunity will it address? How will it help your business grow?

_____

_____

_____

3. Project Timeline

When do you expect to begin the project?

_____

When will the project be completed?

_____

_____

Business Impact

Please estimate the impact of this project.

Expected jobs created:_____

Expected jobs retained:_____

Do you expect this project to increase:

☐ Sales

☐ Customer Traffic

☐ Production Capacity

☐ Product Offerings

☐ Service Offerings

☐ Online Sales

☐ Customer Experience

☐ Other:

_____

Please explain.

_____

_____

_____

Technical Assistance

Grant recipients must complete at least **three hours of approved business technical assistance** by November 8th.

Which resource(s) do you plan to use?

☐ Main Street America Small Business Hub

☐ Wilkes Community College Small Business Center

☐ Other (approval required; describe below)

_____

Required Attachments

Please include:

☐ Project quotes or estimates

☐ Photos of existing conditions (if applicable)

☐ Supporting documentation (optional)

☐ Additional information you would like the Review Committee to consider

_____

_____

Applicant Certification

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that this is a competitive grant program and that submission of an application does not guarantee funding. If awarded, I agree to complete the approved project within the required timeframe, complete the required technical assistance, submit documentation for reimbursement, and provide a final report describing project outcomes.

Applicant Signature:

_____

Printed Name:

_____

Date: _____

Office Use Only

Date Received: _____

Application Complete:

☐ Yes

☐ No

Eligible:

☐ Yes

☐ No

Grant Amount Requested:

$_____

Grant Amount Approved:

$_____

Committee Notes:

_____

_____