

**RENVILLE COUNTY HRA/EDA
Business Innovation Grant Application**

Applicant information:

Business Name _____

Address _____

City _____ **Zip Code** _____

Contact Person _____ **Telephone** _____

Fax _____ **E-mail** _____

Website _____

Federal Tax ID Number _____

Please provide a brief narrative of the business's history:

Project Information:

Project Title_____

Project Start Date_____ **Project End Date**_____

Please provide a brief summary of the project:

How will this project create or retain jobs or increase the revenue of your business?

Project Budget Information:

Total Project Cost: \$ _____

Funding sources for project (loans, grants, in-kind, and/or business funds)

Name _____

Address _____

City _____ Zip Code _____

Contact Person _____ Telephone _____

E-mail _____

Amount _____

Name _____

Address _____

City _____ Zip Code _____

Contact Person _____ Telephone _____

E-mail _____

Amount _____

Name _____

Address _____

City _____ Zip Code _____

Contact Person _____ Telephone _____

E-mail _____

Amount _____

Signature _____ **Date** _____

****Please submit completed application to: Renville County EDA, 105 South 5th Street, Suite 311, Olivia, MN 56277 OR email to eda@renvillecountymn.com****