CITY OF HICKORY MICROENTERPRISE GRANT APPLICATION

Applications should be submitted to the Department of Planning and Development. For more information, please contact David Leonetti at (828) 323-7422.

APPLICANT INFORMATION

Business Name:

Mailing Address: Street Address:

City: State: Zip:

Telephone: FAX: E-Mail:

Business Project Manager Name and Title (if different than above.):

Project Manager Organization Name:

Date Business Established: Tax ID or Social Security Number:

PROJECT INFORMATION

Amount Requested: $ Project Title:

Address of Building: Zoning of the Parcel:

Proposed Use:

INCOME INFORMATION

Total Household Income of Business Owner: $ Number of Persons in Household:

	Name	Date of Birth
1.		
2.		
3.		
4.		
5.	(Add additional lines as needed)	

FY 2026 Income Limit Area	Median Family Income	FY 2026 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Hickory-Lenoir-Morganton, NC MSA	$85,200	Very Low (50%) Income Limits ($)	$29,850	$34,100	$38,350	**$42,600**	$46,050	$49,450	$52,850	$56,250
		Extremely Low Income Limits ($)*	$17,900	$21,640	$27,320	**$33,000**	$38,680	$44,360	$50,040	$55,720
		Low (80%) Income Limits ($)	$47,750	$54,550	$61,350	**$68,150**	$73,650	$79,100	$84,550	$90,000

****TO QUALIFY FOR THE MICROENTERPRISE GRANT YOUR INCOME AND HOUSEHOLD SIZE MUST MEET THE ABOVE INCOME LIMITS****

PROPOSED FINANCING SOURCES FOR PROJECT:

BANK LOAN	**AMOUNT $_____**	**% OF TOTAL ____**
GRANT	**AMOUNT $_____**	**% 0F TOTAL ____**
APPLICANT/EQUITY	**AMOUNT $ _____**	**% OF TOTAL ____**
OTHER	**AMOUNT $ _____**	**% OF TOTAL ____**
TOTAL	**AMOUNT $ _____**	**% OF TOTAL 100.0**

PROJECT NARRATIVE:

Provide a brief narrative description of business, proposed project and reason for grant:

PROPOSED USE OF PROJECT FUNDS:

BUSINESS EQUIPMENT	**$ _____**
INVENTORY	**$ _____**
MARKETING AND BUSINESS PROMOTION	**$ _____**
OTHER* (_____)	**$ _____**

***MUST BE APPROVED BY BUSINESS DEVELOPMENT COMMITTEE**

REQUIRED ATTACHMENTS

All applications must include the following information:

- Completed application form
- Business Plan (template included)
- Financial Projections (template included)

- Confirmation of completed counseling appointment with one of the following three agencies: the CVCC Small Business Center, LRU Center for Social and Commercial Entrepreneurship, or the Small Business Technology Development Center.
- Letter of Recommendation from one of the above counseling agencies
- Income verification information to include prior year tax returns for all household members. Additional information may be required to meet HUD income verification requirements. The City of Hickory uses the Internal Revenue Service Form 1040 method of calculating income.

Applicant's Certification:

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief. Verification can be obtained from any source named, and I/we agree to submit to personal and business credit checks.

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Signature Date