



## PURPOSE

The purpose of this grant is to provide financial assistance to small business owners moving to, opening, or expanding in Downtown Elyria, Ohio. Total available grant funds: \$40,000

## TERMS

It is understood that this funding is limited to one grant per eligible business. Application approval is at the discretion of the Credit Union. Grant funds are limited and will be awarded until exhausted.

Grant funds will be awarded based on need, eligibility, and proximity to the designated economically vulnerable area (to be referred to as "Downtown Elyria") as determined by the Credit Union's Grant Committee.

Applicants chosen to receive grant funds agree to participate in the Credit Union's Select Employer Group program.

CommStar Credit Union received funding for this program from the National Credit Union Administration's Community Development Revolving Loan Fund.

## SUBMISSION

Applications must be submitted by 12:00 PM EST on Friday, June 10, 2022 to one of the following:

Email: erinb@commstar.org  
 Fax: 440.366.2928  
 Mail: CommStar Credit Union  
 c/o Grant Committee  
 832 Cleveland Street  
 Elyria, OH 44035

# ELYRIA STOREFRONT REVIVAL GRANT APPLICATION

## APPLICANT INFORMATION (ALL FIELDS REQUIRED)

**Applicant Name:**

**Applicant Address:**

Street:

City:

State/Zip Code:

**Email:**

**Phone:**

**Business Name:**

**Business Address:**

Street:

City:

State/Zip Code:

**Applicant is:**  Individual  Proprietorship  Partnership  LLC  
 Corporation  Non-Profit  Trust  Association  
 Government Entity  Other:

**Business is registered with State of Ohio:**  Yes  No

**Did your business receive a Paycheck Protection Program (PPP) Loan?**

Yes  No

**Which of the following is effecting your ability to open, expand, or relocated your business to Downtown Elyria? (check all that apply)**

Funding gap  Lack of available space  Lack of business plan  
 Available space is over budget  Pandemic-related hardships  
 Personal financial hardships  Member of underserved community  
 Other:

**Dollar amount requested: \$**

**Please include a copy of the following (if applicable):**

- ❖ Registration with State of Ohio
- ❖ Articles of Incorporation
- ❖ Certification of Sole Proprietor
- ❖ Business plan
- ❖ Any other supporting documentation

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**REQUEST** (ALL FIELDS REQUIRED)

**This grant money would allow my business to:**

- Open my business in Downtown Elyria.
- Expand my existing business in Downtown Elyria.
- Move my existing business to Downtown Elyria from another location.

**Briefly describe how this grant can assist your business with opening, relocation, funding gaps, or other business needs (you may continue on a separate page if necessary).**

**Please describe how economic hardship, funding gaps, or other adversity have effected your business or plans to open a business (you may continue on a separate page if necessary).**

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**ADDITIONAL INFORMATION**

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Grant recipients are required to sign an acknowledgment of receipt in-person at our main office, located at 832 Cleveland Street in Elyria, Ohio during business hours. It is the recipient's responsibility to schedule an appointment to sign for and receive grant disbursement.

Recipients will also be asked to participate in CommStar Credit Union's Select Employer Group (SEG) Program. Enrollment paperwork will be provided at the time of grant disbursement signing.

**AGREEMENT**

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By signing below, I acknowledge this application is not a guarantee of funds. I declare that, to the best of my knowledge, the information contained in this application is complete and accurate. I understand I may be asked to provide documentation that supports my claim of eligibility for the Storefront Revival Grant, and the Credit Union may contact me using the information provided on this application if additional information is needed. I understand I may be asked to provide a testimonial, and agree to allow CommStar Credit Union use of the testimonial I provide for informational or promotional purposes on, but not limited to, the credit union's website, social media pages, or other print or digital mediums.

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Applicant Name (print)

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Applicant Signature

Date

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**FOR CREDIT UNION USE ONLY**

**Date received:  
Received by:**

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Credit Union Signature of Approval

Date of Approval