

Dubois County Chamber of Commerce Quarterly Business Grant Application All questions must be completed to apply

Name:	Dubois County Chamber Member:	
Business Name:	Yes	No
Address:		
Email:		
Phone Number:		
What Year was your Business	established i	n Dubois County?
Please list any Community Bais affiliated with:	ased Organiza	itions your business
How many individuals does y • Part-time • Full-time	our organizat	ion employ?

Why did you choose Dubois County as the location to establish or operate your business?

Have you received other grants or funding in the past 12 months? If yes, please describe.

Please describe how you intend to use the grant funding if awarded, including specific projects, purchases, or initiatives it will support.

Eligibility of Applicants

- The business entity's location must be based within the geographical limits of Dubois County.
- The business must have no more than 50 full-time employees.
- The business entity must be locally-owned and operated this includes franchised businesses.
- The business cannot be a subsidiary of a larger corporation.
- Publicly traded companies are not eligible.
- The business entity must disclose information on any pending litigation or legal actions.
- The applicant business must be registered and in good standing with the Indiana Secretary of State as a Business Entity, or if a sole proprietorship have a certificate of assumed business name or doing-business- as {OBA} form record from the County Recorder.



Dubois County Chamber of Commerce

Quarterly Business Grant Application

Duboiscountychamberofcommerce@gmail.com P.O. Box 311 Huntingburg, IN 47542