



Forney Small Business and Non-Profit Grant Program
Application

Please complete this application in its entirety. E-mail the completed application to ForneyGrant@BakerTilly.com. Submission deadline is no later than 4:00 p.m. on Friday, November 4th. If you have questions, please e-mail ForneyGrant@BakerTilly.com or leave a message at 972-748-0500 and you will receive a response no later than the next business day.

To be eligible for a grant, your organization must;

- Be one of the following organization types;
 - o 501(c)(3) or 501(c)(4) non-profit, or
 - o A non-franchise business employing less than 500 people within one of the following industries; travel, tourism or hospitality
- Serve Forney residents
- Have initiated operations before January 1, 2020 and be currently in operation
- Operate from a physical address within the City of Forney
- Have not been closed for illegal activity
- Not be delinquent on City taxes and/or fees

Applying as a Small Business: _____ or as Non-Profit: _____

If non-profit, what is your Employment Identification Number (EIN): _____

If business, under which impacted industry are you applying? Travel: _____ Tourism: _____

Hospitality (includes restaurants): _____

Organization Name: _____

Organization Physical Address: _____

Contact Name: _____

Contact Mailing Address: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Please describe your organization's services: _____

Please describe your organization's financial relationship to any current Forney City Council Members or City employee: _____

Do any Forney City Council Members or City employees serve on your board or in any other formal leadership positions within your organization, please describe: _____

Has your organization received other state or federal COVID-19 aid? If yes, describe:

If Non-profit, has your organization experienced one or more of the following impacts due to COVID-19?

- Decreased revenue or gross receipts, financial insecurity, increased costs, decreased capacity to weather financial hardship, or challenges covering payroll, rent or mortgage and other operating costs. Yes: No:

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature: _____

Printed Name: _____

Title: _____

Date: _____