

**Business Association Development Grant Engagement Program
City of Rockford
2026 Funding Application**

Contact Information (key applicant to communicate Program components with):

Name:

Organization/Business:

Address:

Email:

Phone:

Proposed Association's Name:

Stakeholders (include at least 5 with at least 3 being businesses in the defined boundary):

Name:

Business/Organization:

Phone Number:

Email:

Explain their involvement/commitment to the proposed area.

Name:

Business/Organization:

Phone Number:

Email:

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Email:

Explain their involvement/commitment to the proposed area.

Development:

(If more space is needed, add attachment to application)

Describe the geographic area the proposed association will serve.

What types of businesses operate in this area?

What are the primary challenges facing businesses in this area today?

Provide information on how the identified area will benefit from a formal business association?

How were local businesses engaged in identifying these needs?

What is the proposed mission of the business association?

What is the proposed vision of the business association?

What type of activities, projects, services etc. does the business association plan to implement?

What revenue sources will support the association?

What steps will be taken during the grant period to ensure the association can operate independently and effectively in the future?

If membership will be part of the model, who is the intended membership (business types, size, ownership, geography)?

Budget Narrative:

Attachments:

- ☐ Map identifying boundary
- ☐ Demonstration of engagement or commitment from represented corridor. This can include meetings, town halls, and support letters. Documentation from meetings and townhalls must include a list of participants, feedback and support demonstrated by the participants.
- ☐ Budget
- ☐ Budget Supporting Documents

Certifications

I, the undersigned, certify, acknowledge, and agree to the statements below:

- ☐ I certify that I have the authority to apply for this funding on behalf of the entity described herein.
- ☐ I certify that the funding will be used for business operating expenses and not for household, personal, or consumer usage.
- ☐ I certify that I am applying for funds to pay for expenses not covered by other funding.
- ☐ I certify that the information contained in this application is true, complete and correct to the best of my knowledge.
- ☐ By submitting this application, if awarded funding, I permit the City of Rockford to publicly announce the association's name, funding amount, and additional information regarding the grant provided by the City of Rockford. With that announcement, I understand that the City of Rockford may also communicate pictures and other materials associated with my project.

Signature

Date