

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

Organization Information:

Association Name:

Legal Status:

Association Board President:

Contact Name:

Organization/Business:

Phone:

Email:

BAG Program Grant Coordinator (if different than above):

Contact Name:

Organization/Business:

Phone:

Email:

2026 Association Plans and Strategy:

Use this section to describe the association's plans for 2026. Listed programs, activities, initiatives should be action-oriented items that will be planned and implemented in 2026. The application is intentionally broad to appropriately reflect the association's plans and goals. *(If more space is needed, add attachment to application)*

Administrative

Number of Employees:

Number of Contractors:

Employee/Contractor Narrative *(If more space is needed, add attachment to application)* –

Administrative Narrative – describe association's operations. This includes if a physical space is maintained, staffing, office hours, etc. *(If more space is needed, add attachment to application)*

Funding Narrative – describe the association’s funding. Do you plan to apply for additional grant type funding? How much of the organization is sustained by member contributions? *(If more space is needed, add attachment to application)*

2026 Key Initiatives *(If more space is needed, add attachment to application)*

Key Initiative	Description	Outcome/Goal	Timeframe

Capacity Building: Staff Member

If the association has a designated employee, describe their role, responsibilities, and how they meet the association and BAG Program’s objectives. *(If more space is needed, add attachment to application)*

Marketing & Promotion

Describe marketing and promotion planned for the district. *(If more space is needed, add attachment to application)*

Programming

Programs, seminars, workshops, resource events to be hosted by the association. *(If more space is needed, add attachment to application)*

Seminar/Workshop/Etc. Name	Description	Estimated Date

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

Visitor Attraction

Describe events hosted by the association to attract visitors and interest to the district. The Narrative should include commentary on how the events will be publicized, anticipated participants and results. *(If more space is needed, add attachment to application)*

Event	Description	Estimated Date

Visitor Attraction Narrative *(If more space is needed, add attachment to application)*

Activation

Describe the association's plans to address vacant storefronts in the district. *(If more space is needed, add attachment to application)*

Number of Vacant Storefronts January 1, 2026 _____

Business Attraction / Retention

Describe the association's plans to attract new businesses to the district. *(If more space is needed, add attachment to application)*

Describe the association's plans to retain businesses in the district. *(If more space is needed, add attachment to application)*

Additional Activities

Describe placemaking, corridor improvement, or additional activities. *(If more space is needed, add attachment to application)*

Item	Description	Timeframe

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

Attachments:

- ☐ Membership Profile (includes how many members and membership levels)
- ☐ Board Roster
- ☐ Mission Statement
- ☐ Approved Bylaws
- ☐ Two most recent board packets
- ☐ Latest filed 990
- ☐ Financial policies, including internal controls for vendors, payments, etc.
- ☐ Internal policy (if not included in financial policies) for avoiding duplicative billing between grants/funding sources
- ☐ List of all current funding sources
- ☐ Evidence of compliance with all funders
 - ☐ If not in compliance, documentation of the findings and the plan for remediation
- ☐ Letters of support from businesses located in the area
- ☐ BAG Program Budget
- ☐ Organization Budget
- ☐ 2025 Activity Report/End of Year Report (direct references to the Work Plan provided and updates reflecting progress) – if applicable.
- ☐ 2025 Expense Documentation (will be considered submitted once approved by City staff) – if applicable.

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