

## **APPLICATION: Small Business Marketing Grant Program**

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**Business Name:**

**Business Address:**

**Contact Name:**

**Email:**

**Phone Number:**

**Select the appropriate category that represents the majority of your business operations:**

Retail

Restaurant or Craft Beverage

Entertainment

Customer-Oriented Personal Service (fitness, salon/spa/barber, tattoo/piercing, wellness)

**Did you attend or watch the February 15 Competitive Edge workshop about inclusive marketing strategies for your small business?** Applicants are required to have either attended this workshop in person, or watched the recording available at [downtownfrederick.org/training](http://downtownfrederick.org/training). *Yes / No*

**Describe your marketing project:** *(250 word max)*

**How does this project increase the diversity, equity, inclusion, representation or accessibility of your business' marketing initiatives?** *(250 word max)*

**Is this a new project for your business?** *Yes / No*

**Why is this a significant project for your business?** *(250 word max)*

**Estimated Total Project Cost:**

**Requested Grant Amount:**

**Cash Match Amount:** *(must equal at least 25% of the requested grant amount)*

**Estimated Date of Completion:** *(must be completed no later than June 10, 2022)*

**What proof will you provide once your project is completed?**

**Will your project result in the development of new media assets?** (for example, new photography or video) *Yes / No*

**Do you agree to share these media assets with the Partnership?**  
*Yes / No*