

1

PATHMARK FUND

Business Profile

Enterprise Legal Name _____

Enterprise "A.K.A." Name _____

Business Address _____

Mailing Address _____

Employer ID # (or SSN)- optional _____

Year Incorporated / Started _____

NYC Council District # _____

Contact Name _____

Phone Number (Day) _____ Phone # (eve) _____

Fax Number _____

E-mail Address / Website _____

Amount Requested _____

Business Status (Please Provide Documentation)

Check all that apply:

Certificate of Incorporation

Tax ID, Sole Proprietor / Partnership

2

Grant Application

Business Name _____

Describe the Business

Describe what your business does.

Criteria

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Capital Improvement | <input type="checkbox"/> Display Lighting |
| <input type="checkbox"/> Business Expansion | <input type="checkbox"/> Security Improvement |
| <input type="checkbox"/> Other (please specify) _____ | |

Describe the Project

Describe the project for which funding is requested. Describe your audience (size, demographics, age) or communities served. (Attach extra sheets, if needed)

3

Statement of Agreement

I, _____ the owner of _____

Hereby agree to use the PATHMARK grant for the sole purpose indicated in the project description within the PATHMARK FUND APPLICATION package. Upon notification of a grant award, I will immediately contact the contractor selected to perform the work. On the delivery date of the funding I will provide the PATHMARK committee with a start date as well as a project completion date.

I understand that if I fail to use the grant for the project indicated or if no progress is made towards the completion of this project the New York City Comptroller has the authority to recoup funding. My actions will be considered a breach of contract.

DATE

PRINT NAME

SIGNATURE

NAME OF BUSINESS

BUSINESS ADDRESS

NOTARY