

AMERICAN RESCUE PLAN ACT (ARPA) SMALL BUSINESS REHABILITATION GRANT PROGRAM
Application

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Confirm your contact information

Ensure your contact information is up-to-date so that we can get in touch with you if needed.

First Name

Last Name

Email address

Phone Number

Address 1

Address 2 (Optional)

City

State

ZIP/Postal Code

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Location for American Rescue Plan Act (ARPA) Small Business Rehabilitation Grant Application

Select a primary location for this record. If needed, you can add additional locations later.



Search for Address or Parcel

Search for an address or parcel by name, address, or Parcel ID.




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Location for American Rescue Plan Act (ARPA) Small Business Rehabilitation Grant Application

PRIMARY LOCATION

The main location associated with the record.



Unit

Property Owner Information

Name

Phone Number

Email

Street #

Street Name

Unit

City

State

Zip Code


Applicant Information

First Name *

Last Name *

Email *

Phone Number *

Mailing Street Address * 

City *

State *

Zip Code *

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Applicant Demographic Information

These questions are for Title VI compliance only and will not impact eligibility for grant funds.

Race

Age Bracket

Applicant Sex

Business Designation

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Project Information

Business Name *

If Applicable, DBA Name

Description of Business Activities *

Business Street Address *

City *

State *

Zip Code *

Business Email *

Business Phone Number *

Property Status *

Proof of Property Status * 

 No file chosen

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Business Eligibility

Organization Category *

Business Type *

Start of Business Operations in the City of Bloomington *

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Small Business Identification

Number of Employees (Including Self) *

Annual Revenue * ⓘ

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Project Description

Category of Project *

Qualitative description of the project (50-250 words) *

Estimated Project Start Date * ⓘ

Estimated Project End Date * ⓘ

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Project Costs


Total Grant Award Request Amount * 

Total in Private Funds Contributed to the Project * 

Total Additional Federal, State, or Local Grant Funds * 

Complete Project Costs



Itemized Budget * 

 No file chosen


The applicant will be required to submit 3 professional quotes with itemized and estimated costs.

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Project Quote Details


Contractor #1 Name *

Contractor #1 Quoted Amount * 

Contractor #2 Name *

Contractor #2 Quoted Amount * 

Contractor #3 Name *

Contractor #3 Quoted Amount * 

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Acknowledgement

By electronically signing this document, applicant agrees that it's electronic signature is the legal equivalent of its manual signature on documents and agreements with the City of Bloomington. By signing documents through electronic means, applicant intends and consents to be legally bound and that the statements and information provided within the document are factual and true.

Signature *

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Attachments

Include any additional files with your submission. Any box marked "Required" is required to submit your application. Please note the maximum allowed file size for any upload is 100 MB.

Attachment	File	
Proof of Lease or Ownership Deed Required	No file uploaded	Upload
Employee Documentation Required Provide records/proof of the total number of employees at the time of application. Example: Payroll logs	No file uploaded	Upload
Tax Return Required	No file uploaded	Upload
Quote #1 Required	No file uploaded	Upload
Quote #2 Required	No file uploaded	Upload
Quote #3 Required	No file uploaded	Upload
Itemized Budget Required Please include line items for all professional services and costs associated with the project.	No file uploaded	Upload
Project Area Photo "Before" Photo	No file uploaded	Upload
Add attachment		

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Confirm your submission

Please ensure you've filled everything completely and accurately, then click "Confirm and Submit" below.

I certify under possible penalty of perjury under the laws of this jurisdiction that the preceding information is true and correct.

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[Confirm and Submit >](#)