



Community Champion Grant

Use of Funds

Business Name _____

Applicant Name _____

Amount Requested \$5,000 (1-5 Paid Employees (FTEs))
 \$10,000 (6 or More Paid Employees (FTEs))

Provide details about how your business was financially impacted by COVID-19

If you receive the grant, how will you use the funds for your business? Please provide details.

Signature: _____

Date: _____