

New Jersey National Guard State Family Readiness Council Business Grant Application

Not Affiliated with the Department of Military and Veteran Affairs or any other State of New Jersey Government Agency

Please complete this form in its entirety. The information will be used to determine your eligibility for a Business Grant

1. Name of Applicant:

2. E-Mail Address:

3. Mailing Address:

4. Home Telephone:

5. Cell / Other:

6. Rank / Name of Service Member:

7. Unit:

8. Name of Business:

9. Business Address

10. Business Telephone:

11. Form of Business (Circle One): Sole Proprietorship Partnership Corporation

12. Attach a statement explaining (a) how long the business has been in operation, (b) the type of service or product provided, (c) the specifics of how the grant, if awarded, would be used to meet current needs of the business, (d) the specifics of cost saving measures already taken and any steps taken to obtain assistance from other sources and the result of those efforts.

13. In addition to the statement required above the following items are attached and included as a part of this application. Items noted with an asterisk (*) are required.

Most Recent Leave and Earnings Statement (DFAS Form 702)*

Income / Expense Statement*

Deployment Orders and/or Discharge Papers (DD Form 214)*

Repair Cost Estimate(s)

Most Recent Federal Tax Return *

Other (Specify)

14. I, the undersigned, hereby authorize the New Jersey State Family Readiness Council and/or its representative(s) to request and/or release any information, which in their judgment, is needed to clarify information contained in this application and to secure assistance on my behalf. I also release the New Jersey Family Readiness Council and/or its representative(s) from any liability as they seek to assist me. I also certify that all information contained in this application is true, correct, and complete to the best of my knowledge.

Applicant's Signature:

Date:

15. Name of reviewing Family Assistance Center Coordinator:

Coordinator's Signature:

Date:

16. Finance Committee Action:

Grant Approved In The Amount Of:

Grant Not Approved

Date: