FHLBank INDIANAPOLIS ELEVATE

2021 Elevate Application Instructions

Thank you for your interest in the 2021 Elevate Small Business Grant offered by the Federal Home Loan Bank of Indianapolis

Business must meet these requirements in order to apply:
- For-profit businesses located in Indiana or Michigan;
- Under current ownership at least 12 months prior to May 18, 2021;
- Annual gross revenue less than $1 million; and
- Sponsored by an FHLBank Indianapolis member

Find a participating member here: *FHLBank Indianapolis Member Directory*

This application is a fillable PDF, designed to be completed electronically on a computer/mobile device. We highly encourage completing this form digitally instead of printing.
Formal E-signatures through Adobe Fill-and-Sign or DocuSign are acceptable.
Pictures (IE: JPEG's) of applications will NOT be accepted.

Instructions for Business Applicants

- Answer all questions and prompts requested regarding your business and need for grant funds.
- Include a business/strategic plan with the submission if you have one
- Include certificates of completion in a small business support program, if applicable
  - *Example programs: Goldman Sachs 10,000 Small Businesses; SCORE; IN or MI Small Business Development Center (please do not include registrations for webinars or PPE related information)*
- Submit proof of gross and net revenue for 2020; 2018 and 2019 is also required, if applicable
- Support your project budget with formal quotes/bids or proof of cost and concept
  - *Print-outs from websites (IE: shopping cart) should be concise, neat, and related to your project*
- If utilizing other grants or financing for the project, documentation must be submitted
- Be sure to be as descriptive as possible in regards to your use of the Elevate funds.
- All owners listed on the application (pg.1) need to sign and date the application (pg.4)

Instructions for FHLBank Indianapolis Members

- Verify the business meets the program requirements, business information, and gross/net revenues
  - *Collect evidence to verify the business has been operational for 12+ months, verification of ownership, 2018-2020 financial performance, location, and for-profit status, but these materials do not need to be submitted to FHLBI*
- Ensure both applicant and member have completed all certification questions and signatures (pg.4)
  - *Applicant and member signatures MUST be on the same form. No exceptions*
- When ready to submit, email the application and supporting documentation to Elevate@FHLBI.com
  - *Please contact us with questions or for technical assistance prior to submitting the application*

Please ensure all questions and prompts are answered and throughly review the application to ensure completeness prior to submission.
Due to volume, we will not contact applicants for clarification or request missing information.

To learn about Elevate, program requirements, past winners, and more visit fhlbi.com/Elevate

FHLBank INDIANAPOLIS ELEVATE

Member and Applicant Information

Member Information: To be filled in by the FHLBI Member financial institution/organization (not the business applicant)

Member Name: _____ **Contact Name:** _____

Contact Email: _____ **Contact Phone:** _____

Business Applicant Information: Answer all fields below; if not applicable, enter N/A

Business Name: _____

Business Address: _____

City, State, Zip Code: _____ **County:** _____

Owner Name(s) and Titles*: _____ **Contact Phone:** _____

*Main Contact should be listed first

Contact Email: _____

Are you currently enrolled or have already completed a support program for small businesses? (IE: SCORE, Goldman Sachs) If so, list the program name, month and year of completion

If applicable, select the majority ownership (51% or greater) of the business:

☐ Woman-Owned ☐ Minority-Owned ☐ Disabled-Owned ☐ Veteran-Owned

Business Information: Answer all fields below; if not applicable, enter N/A

Date the business was established: _____ **Type of Business:** _____ (proprietorship, LLC, etc.)

Own or Lease Current Location? _____ **If leased, when does the lease expire?** _____

Annual Gross Revenue*		Annual Net Profit*	
2020		2020	
2019		2019	
2018		2018	

FHLBI Member must validate most recent financials prior to submission of this application.

# of FT employees: _____

# of PT employees: _____

How did you hear about this grant?

Is an updated Business/Strategic Plan submitted with this application? ☐ YES ☐ NO

Has this business applied for this grant before? If so, list the year(s) applied: _____

Briefly describe the nature of your business, customers, operations, and service area. Also explain why the business is applying for this grant to Elevate its potential.

You will discuss the impact of the grant on the next page. Please discuss your business as it operates currently

FHLBank INDIANAPOLIS ELEVATE

Business Name:

Elevate Grant Impact Q&A

How will the use of funds help Elevate your employee's skills, knowledge, or industry expertise?

How will the use of funds help Elevate your products and/or services versus your competition? Will the use of funds help Elevate your business through better processes and efficiencies? If so, how?

How will the grant funds Elevate the economic impact of the surrounding community? If applicable, how will your business help Elevate other local businesses?

How has the Covid-19 Pandemic impacted your business? Will the grant funds be used to adapt your business due to the impact? If so, please explain

FHLBank INDIANAPOLIS ELEVATE

Business Name:

Project Budget Worksheet

The maximum grant amount is $20,000, with no more than $10,000 allotted toward working capital expenses. If the request is for working capital only, the maximum grant amount is $10,000.

Total Grant Amount Requested:
**round up to nearest dollar*

Indicate what the grant funds will be used for by placing a checkmark next to the closest related category:

- ☐ **Technology Enhancement**
- ☐ **Workforce Development/Training/Certification**
- ☐ **Acquisition of Real Estate**
- ☐ **Facility Expansion/Improvement**
- ☐ **Machinery or Equipment Purchase**
- ☐ **Working Capital**

Project Budget:
List a description for each project expense and enter the dollar amount under the applicable funding source

Example: Purchase and install point-of-sale (POS) equipment	Elevate Grant	Applicant Funds	Other Funding	Total
				$ 0
				$ 0
				$ 0
				$ 0
				$ 0
				$ 0
TOTAL	$ 0	$ 0	$ 0	**$ 0**

The Total Grant Amount Requested must equal the total in the Elevate Grant column. Expenses should be substantiated with official quotes/proposals. If your business is selected to receive a grant, it will be held accountable to this budget. Substitutions may be allowed but not guaranteed.

If using "Other Funding", list the specific funding sources and amounts (example: Motor City Match Grant, $10,000/ Bank Loan $5,000). Proof of other funding is required with the submission of this application.	

Project Budget Explanation

Explain the project expenses and how the investment of the grant funds would Elevate your business.

Business Name:

FHLBank INDIANAPOLIS ELEVATE

Certification and Signatures

All signatures are required to be on the same page. Failure to include all required signatures will result in the withdrawal of this application for consideration in total.

Business Applicant(s)

Select Y/N for each of the following statements:

- [ ] *Applicant is a for-profit business in operation for at least the past 12 months, and annual revenues from this business are less than $1 million.*
- [ ] *Applicant's primary business is located in either Indiana or Michigan.*
- [ ] *Applicant acknowledges that any grant funds not used for the purposes approved by the Bank may be recaptured and returned to the Bank.*
- [ ] *Applicant agree to submit any reports, certifications, and supporting documents as required by the Bank.*

By signing below, I, on behalf of the Applicant, certify:
1. I am fully authorized to sign this application on behalf of the Applicant and, if accepted, agree to the terms and conditions contained herein, in the Elevate Program Guide and Subsidy Agreement on behalf of the Applicant.

2. I have reviewed and verified (where applicable) the content of this Application.

3. I certify that the financial information provided to the Member is true and accurate.

Owner Name and Title	Owner Name and Title	Owner Name and Title	Owner Name and Title
Owner 1 Signature	Owner 2 Signature	Owner 3 Signature	Owner 4 Signature
Date Signed	Date Signed	Date Signed	Date Signed

FHLBI Member

Select Y/N for each of the following statements:

- [ ] *Member verified Applicant is a for-profit business, operating for at least the past 12 months, and annual revenues are less than $1 million.*
- [ ] *Member verified Applicant's primary business is located in either Indiana or Michigan.*
- [ ] *Member acknowledges that any grant funds not used for the purposes approved by the Bank may be recaptured and returned to the Bank.*
- [ ] *Member agrees to submit any reports, certifications, and supporting documents as required by the Bank.*
- [ ] *Member has read and signed the Elevate Master Agreement and has submitted it to FHLBI already or is submitting it with this application.*

By signing below, I, on behalf of the Member, certify:
1. Member is party to an FHLBank Indianapolis Elevate Agreement.

2. I have reviewed and verified (where applicable) the content of this Application.

3. Member has reviewed and verified the content of this Application, including obtaining documents verifying the Applicant's length of time in business and gross revenues.

Name of Authorized Signer	Name of Authorized Signer
Authorized Signature	Authorized Signature
Date Signed	Date Signed