

# Business Grant Application

All sections must be complete in order to process the application.



## APPLICATION INFORMATION

|                     |   |
|---------------------|---|
| Amount requested    | How did you hear about CEE?             |
| Legal business name | Tax ID or Social Security number        |
| Street address      | Utility Company Name and account number |
| CityStateZip        | Telephone number                        |
| Contact person      | Title                                   |
| Email address       | Fax number                              |
| Web address         | Number of years in business             |

|                                  |                               |           |
|----------------------------------|-------------------------------|-----------|
| Last year’s fiscal gross revenue | Last year’s fiscal net profit | Net worth |
|----------------------------------|-------------------------------|-----------|

## TYPE OF BUSINESS

|  |  |  |
|--|--|--|
| <b>PARTNERSHIP</b><br><input type="checkbox"/> General<br><input type="checkbox"/> Limited liability Partnership | <b>CORPORATION</b><br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> C Corporation<br><input type="checkbox"/> Nonprofit Corporation | <b>OTHER</b><br><input type="checkbox"/> Sole proprietorship (DBA _____)<br><input type="checkbox"/> Limited liability co.<br><input type="checkbox"/> Government entity |
| State of Incorporation or organization: _____  |  |  |
| Date Incorporated or organized: _____  |  |  |

## TYPE OF PROPERTY

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Office                 | <input type="checkbox"/> Big Box Retail/Grocery      | <input type="checkbox"/> Healthcare Office/Out-Patient | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Elementary/Secondary School | <input type="checkbox"/> Hospital/Medical Clinic       | <input type="checkbox"/> Warehouse     |
| <input type="checkbox"/> Retail                 | <input type="checkbox"/> College/University          | <input type="checkbox"/> Assembly/Religious            |  |
| <input type="checkbox"/> Other (describe) _____ |  |  |  |
| Building floor area _____ SqFt                  |  | Portion Occupied by Nonprofit _____ %                  |  |

## PROJECT INFORMATION (attach copy of proposal/contract)

|  |                |                |
|--|----------------|----------------|
| (1) Contractor name  | Contact person | Equipment cost |
| Telephone number   | email          |                |
| (2) Contractor name  | Contact person | Equipment cost |
| Telephone number   | email          |                |
| Description of the project, attach copy of bids or estimates   |                |                |
| Address of property where project is to be done  |                |                |
| Name, address and phone number of record owner of real estate where project will be done.<br>(if different than applicant)<br><br><input type="checkbox"/> check here if same as applicant |                |                |

**APPLICANT’S SIGNATURE AND AUTHORIZATION FOR DISCLOSURE OF BUSINESS CREDIT INFORMATION**

By signing below, I acknowledge and attest that I am authorized to make this application and the authorizations and agreements below on the Applicant’s behalf, and that all information contained in and submitted with this application is true, correct and complete.  
 I further authorize and consent to the release of information to Center for Energy and Environment (“CEE”) from any source, including without limitation credit reporting agencies and the personal, bank, and trade references listed above, that may be requested by CEE in connection with this application, and the sharing of such information by CEE with third parties for purposes of this application. The Applicant hereby agrees to release and hold CEE and its employees, managers, and directors harmless from, and indemnify them against, any claims or liabilities whatsoever arising out of or related to CEE’s procurement or sharing of such information for such purposes.  
 A photocopy or facsimile copy of this authorization bearing the signatures of the undersigned is valid as an original.

X \_\_\_\_\_  
 (Authorized signature of applicant) (Title) Date  
  
 X \_\_\_\_\_  
 (Print or type name of authorized agent)

Information Required
 ☐ Credit Application
 ☐ Copy of ID for Authorized Signer
 ☐ Bid for work to be done

**Notice:**  
 The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please call or send a written request within 60 days of the date you are notified of the decision to: Center for Energy and Environment, 212 3<sup>rd</sup> Avenue North, Suite 560, Minneapolis, MN 55401; Tel: (612) 335-5885. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Return completed application to:  
 Center for Energy and Environment  
 212 3<sup>rd</sup> Avenue North, Suite 560  
 Minneapolis, MN 55401  
 Attn: Jim Hasnik  
[jhasnik@mncee.org](mailto:jhasnik@mncee.org)  
 Phone/Fax (612) 335-5885