



## Citizens Bank Impact Grant Application

**Business Name** \_\_\_\_\_

**Business Owner** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

### Grant Information

**A. Grant Amount Requested \$** \_\_\_\_\_  
(75% of project cost or \$5,000, whichever is less)

**B. Small Business Owner's Contribution \$** \_\_\_\_\_  
(at least 25%)

**Origin of Small Business Owner's Contribution:**

\_\_\_\_\_

### Purpose of Grant:

- ☐ Building purchase
- ☐ Construct buildings
- ☐ Facility expansion
- ☐ Building restoration or improvements
- ☐ Other (please describe in space below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Eligibility Information

The member institution and the small business owner agree that the small business qualifies as a small business as defined by Section 3(a) of the Small Business Act (15 U.S.C. 632(a)) and implemented by the Small Business Administration under 13 CFR part 121, or any successor provisions. ☐ **Yes** ☐ **No**

This small business is a legitimate business located within a designated Historical Downtown Area in Independence County. ☐ **Yes** ☐ **No**

### Certification

The small business owner certifies that any grant which will not be, or ceases to be, used for the purpose approved by the Bank will be recaptured and the unused or improperly used subsidy will be returned to the Bank.

BY SIGNING BELOW WE CERTIFY THAT WE HAVE MET ALL THE ABOVE CRITERIA FOR THE CITIZENS BANK GRANT PROGRAM.

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**Signature of Small Business Owner**

**Date Signed**

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### Remember to include with your application:

- Cost Estimate of Request
- Proposed Plan of request
- Any other related information

### Submit Application to Citizens Bank

Jerrold Sandefur, VP, Commercial Lender  
655 St Louis St, Batesville, AR 72501  
870.698.6313 – NMLS# 1463050

Renee Long, SVP, Consumer Lending  
655 St Louis St, Batesville, AR 72501  
870.698.9678 – NMLS# 797961