

# LaGrange County Economic Development Corporation

304 North Townline Road, Suite 2  
LaGrange, IN 46761  
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[www.LagrangeCountyEDC.com](http://www.LagrangeCountyEDC.com)

## LaGrange County COVID-19 Relief Program Application

### Legal Applicant

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### General Information

Date of Business Established \_\_\_\_\_

How long has your business been in LaGrange County? \_\_\_\_\_

Standard Industrial Classification Code/NAICS Code \_\_\_\_\_

Grant to be in Name of \_\_\_\_\_

**Ownership – anyone with more than 10% ownership in business**

<b>Name</b>	<b>Address</b>	<b>% Owned</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Need Information**

Description of Company and Need

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Job Retention Data**

Number of Direct Jobs Retained: \_\_\_\_\_ Within 18 months \_\_\_\_\_

Number of Total Unskilled Jobs \_\_\_\_\_ Skilled \_\_\_\_\_

Average wage of Direct Jobs: \_\_\_\_\_ Skilled \_\_\_\_\_

Number of LMI Jobs \_\_\_\_\_

**Applicants Certification**

**1/we certify that all information in this application is true and complete to the best of my/our knowledge and belief. Certification may be obtained from any source named herein**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_