



**City of Taunton**  
**Mayor Shaunna L. O'Connell**

**SMALL BUSINESS STEP UP GRANT**  
(Sales Technology & Efficiency Professional Upgrade Program)

**Application Form**

**1. Applicant and Business Information**

Name of Business: \_\_\_\_\_  
Legal Name (if different): \_\_\_\_\_  
Name(s) of Business Owner(s): \_\_\_\_\_  
Business Street Address: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Website: \_\_\_\_\_

Brief description of your business:

Number of full time equivalent (FTE) employees: \_\_\_\_\_

Are you currently open for business:  Yes  No

If No, please explain when you plan on opening/reopening: \_\_\_\_\_  
\_\_\_\_\_

Do you have a physical business location where customers can visit in person?  Yes  No

How has COVID-19 impacted your business operations:

## Grant Request

To be eligible for assistance in each category, the business must demonstrate a currently unmet need. OECD staff, in collaboration with its professional consultants in each area, will make the final determination of need. Please select which grant categories your business needs professional assistance with:

Digital Point-of-Sale System (Hardware Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professionally Designed Website	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professionally Designed Logo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Media Setup and Coaching	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Signature and Certification

BY SIGNING THIS APPLICATION I AUTHORIZE THE CITY OF TAUNTON TO MAKE ANY INQUIRIES NECESSARY TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED ABOVE. I UNDERSTAND THE CITY OF TAUNTON WILL MAINTAIN THE CONFIDENTIALITY OF THIS INFORMATION AND IT WILL NOT BE RELEASED WITHOUT AUTHORIZATION. I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND FACTUAL, THAT MY BUSINESS IS BASED WITHIN THE CITY OF TAUNTON. I FURTHER CERTIFY THAT NEITHER I, NOR THOSE WITH WHOM I HAVE BUSINESS TIES, IS CURRENTLY OR HAS BEEN WITHIN THE PAST TWELVE (12) MONTHS, AN EMPLOYEE, AGENT, CONSULTANT, OFFICER, OR ELECTED OR APPOINTED OFFICIAL OF THE CITY OF TAUNTON. I AM SIGNING THIS SMALL BUSINESS STEP UP GRANT PROGRAM APPLICATION UNDER THE PAINS AND PENALTIES OF PERJURY.

\_\_\_\_\_  
Printed Name of Principal Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMPLETED APPLICATIONS MAY BE EMAILED, MAILED OR DROPPED OFF TO THE FOLLOWING:

**City of Taunton –OECD**  
**15 Summer Street, 3<sup>rd</sup> Floor**  
**Taunton, MA 02780**  
Or Emailed to  
**ttorres@taunton-ma.gov**

INCOMPLETED APPLICATIONS WILL NOT BE CONSIDERED

For OECD Use Only:

Date Received:	Date business contacted if incomplete:
Date Approved:	Date Declined:
Date Client Notified:	Date closed: