

Form Center

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2025 Main Street Economic Revitalization Grant Application

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Organization Name*

Facility Address*

City*

State*

Zip*

Contact Person (First and Last Name)*

Title*

Contact Email*

Contact Phone Number*

Business Website (optional)

Preferred Contact Method

(Check all that apply)

- ☐ Phone
☐ Text
☐ Email

Legal Name of Business or Organization*

Organization EIN or Tax ID Number *

Need help with your Employee Identification Number? Visit this link: <https://irs.gov-ein-number.com/>

Legal Structure*

- ☐ LLC
☐ Corporation
☐ Sole proprietorship

Year Organized*

Describe your business or organization*

6-digit NAICS Code*

If you need help with your NAICS Code, click [here](#).

How many current full-time employees (including yourself)?*

How many current part-time employees (including yourself)?*

Who owns the property where the project is proposed?*

- ☐ Our company owns the property.
☐ Someone else owns it and our company rents/leases the property. (Answer the question below)

If you rent the property for the proposed project, please list the name, email, and phone number of the owner.

A note from the property owner supporting this project will be required prior to final consideration.

Address of the project site (if different than facility site listed above)

Has this project site received previous funding? e.g. Exterior grant or Main Street grant*

Project description and use of funds*

Project Building Square Footage*

Please describe tenant(s) to occupy the space (if applicable)

Number of housing units to be built or renovated (if applicable)

What is the total project budget? Provide a breakdown of all estimated project costs.*

Grant Amount Requested *

Grant requests should be no more than 30% of the project cost.

Minimum grant award is \$50,000 (\$167,000 project or greater).

Maximum grant award is \$199,000 (\$664,000 project or greater).

When do you expect to start the project?*

Please list both the month and year.

If this is a phased project, describe the proposed schedule.

Will the project be completed by June 30, 2026?*

- ☐ Yes
- ☐ No

What construction firms will do the work? *

Please list all firms, if known. Estimates or bids will be required from architect or licensed contractors prior to final consideration.

How many more employees (new jobs) will you need after this project is completed?*

Average wages of new jobs created.*

What funding have you secured so far?*

Please include the amount of funding from each source. Proof of matching funds will be required prior to final consideration.

All applicants that are recommended for funding will be required to submit additional application materials (such as licensed contractor estimates, evidence of property owner support, proof of funding match). Do you acknowledge this?*

☐ Yes

By checking this box, the applicant confirms that the owner(s) and leadership of the business or organization have approved the submission of this application and certifies that all the information is true and accurate. *

☐ Yes

All grant funds will be issued as reimbursements after project or phase is complete and providing documented evidence that contractors are paid in full. Do you acknowledge this?*

☐ Yes

Date Practices Act*

The information that you supply in your application to the City will be used to assess your eligibility for financial assistance. The City will not be able to process your application without this information. Minnesota Statutes, Chapter 13 (Minnesota Government Data Practices Act) governs whether the information that you are providing to the City is public or private. If financial assistance is provided for the project, the information submitted in connection with your application will become public, except for those items treated as private data under the Minnesota Government Data Practices Act. Do you acknowledge this?

☐ Yes

OPTIONAL Demographic Data

These questions are completely optional and are not required for the grant approval. Any information provided in this section does not affect the eligibility for this grant. However, we would appreciate this information so we can measure how well we are reaching our equity goals for outreach and financial assistance.

What are the race and ethnicity of business owners who own at least 50% of the business? Select all that apply.

Race/Ethnicity

- ☐ White, Caucasian
- ☐ Black, African-American
- ☐ Asian
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Hispanic, Latinx
- ☐ American Indian, Alaskan Native
- ☐ Middle Eastern or North African

Optional Detail

If Black, African-American

- ☐ Somali
- ☐ Ethiopian
- ☐ West Indian, Caribbean
- ☐ Other Black, African-American

Optional Detail

If Hispanic, Latinx

- ☐ Mexican
- ☐ Puerto Rican
- ☐ Other Central American
- ☐ Other South American

Optional Detail

If Asian

- ☐ Hmong
- ☐ Asian-Indian
- ☐ Chinese
- ☐ Vietnamese
- ☐ Korean
- ☐ Other Asian

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Email address

 Government Websites by CivicPlus®

This field is not part of the form submission.

Submit

Submit and Print

* indicates a required field