



DEPARTMENT OF ECONOMIC DEVELOPMENT

ENTERPRISE ZONE PROGRAM

MARKETING SUPPORT GRANT

Application for Business Marketing & Promotional Activity Reimbursement

PRE-APPROVAL REQUIRED — DO NOT INCUR MARKETING EXPENSES BEFORE RECEIVING WRITTEN APPROVAL

Applications must be submitted and approved BEFORE signing vendor contracts or incurring any marketing expenses. Costs incurred prior to approval are not eligible.

Application Window: All applications due April 1. Once approved, marketing activities must be completed within 12 months of the approval date.

PROGRAM OVERVIEW

The Marketing Support Grant helps new businesses and existing businesses undertaking documented expansions within the Staunton Enterprise Zone establish market presence and attract customers. The grant reimburses eligible marketing expenditures to reduce barriers to entry and support business growth.

Table with 2 columns: Category and Value. Rows include Maximum Grant (\$2,500), Standard Reimbursement Rate (50%), Enhanced Rate (100%), Minimum Investment (\$1,000), and Eligible Applicants (New businesses OR existing businesses with expansion).

Note: If using multiple marketing vendors, a separate Vendor Information Sheet (included in this packet) must be completed for each vendor.

One-Time Program: This grant may be received only once per business. A business that has previously received the Marketing Support Grant is not eligible to apply again.

SECTION 1 — APPLICANT INFORMATION

Form table for applicant information with fields: Business Name, Business Street Address, City / State / Zip, Federal Employer ID (FEIN), Primary Contact Name, Primary Contact Title, Phone, Email, Business Website / Social Media Handles.

SECTION 2 — BUSINESS STATUS

Check the applicable status (must meet one):

- New Business — opened within the last 24 months
 Existing Business — documented expansion or new product/service launch

Business Opening Date OR Expansion / Launch Date	
Is business located within the Staunton Enterprise Zone? (Yes / No)	
Describe the business or expansion / new product/service being marketed:	

SECTION 3 — MARKETING ACTIVITIES

Check all marketing activities included in this application:

- Website design / development
 Social media advertising / management
 Print materials (brochures, menus, flyers, postcards)
 Signage (non-building exterior)
 Digital / online advertising (Google Ads, etc.)
 Email marketing / newsletter setup
 Photography / videography
 Grand opening / launch event costs
 Directory listings / SEO services
 Logo / brand identity design
 Other (describe below)

Describe the planned marketing activities in detail:	
Total Planned Marketing Investment (\$)	
Grant Amount Requested (\$) (max \$2,500)	
Marketing Activity Start Date	
Marketing Activity End Date (within 12 months of approval)	

SECTION 4 — PRIMARY VENDOR INFORMATION

Complete this section for your primary vendor. Use the Vendor Information Sheet (attached) for each additional vendor.

Vendor / Provider Business Name	
Is this vendor Staunton-based? (Yes / No)	
Vendor Street Address	
Vendor Phone	
Vendor Email / Website	
Services to be Provided:	
Total Cost for This Vendor (\$)	

Reimbursement Rate Reminder:

- Staunton-based vendor — 100% reimbursement rate applies
- Out-of-area vendor — 50% reimbursement rate applies

SECTION 5 — REQUIRED DOCUMENTATION CHECKLIST

Check each item enclosed. Incomplete applications will not be processed.

- Vendor quote(s) or proposal / contract
- Copy of current Business License
- Documentation of business opening date (for new businesses)
- Completed Vendor Information Sheet for each additional vendor (see attached)
- Sample marketing materials (if available at time of application)
- Proof of Enterprise Zone location (utility bill, lease, or deed)
- Documentation of expansion / launch (for existing businesses)

CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation may result in disqualification from the Marketing Support Grant and/or repayment of any funds received. I agree to comply with all program terms and conditions and to provide additional documentation upon request.

Applicant Signature	
Printed Name	
Title / Position	
Date	

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Date Received	
Received By	
Application Reference #	
Eligibility Verified (Yes / No)	
Decision (Approved / Denied)	
Decision Date	
Grant / Rebate Amount Approved (\$)	
Notes / Conditions	