



VISION + ACTION = CHANGE

P [605] 697 8103

DATE:

2301 Research Park Way, Ste 113
 Brookings, SD 57006
 BEDC@BrookingsEDC.com

BUSINESS CONTACT INFORMATION

Company Name		Contact Person	
Address		Type of Business <i>(Check One)</i>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non Profit <input type="checkbox"/> Other
Phone			
E-mail			
City, State ZIP Code			
Website			

PROJECT DESCRIPTION

Name of Project		Project Date or Time Period	
Site/Location of Project		Target Audience	
Total Project Budget		Amount of Request	

Detailed Budget *(List revenue sources and projected expenses. Identify potential matching Funds. Attach additional sheets if necessary.)*

Detailed Description *(Provide a description of the project, how it will help grow the Brookings area economy and how it relates to the Vision Brookings initiatives of workforce development, entrepreneurship and business development. Describe how success will be measured.)*

History *(If applicable, provide a history of the project including previous Vision Brookings funding received, project impact, number of participants/attendees, etc)*

