



Copperas Cove Business Improvement Grant Program Application 2025-2026

Section 1 – Applicant Contact Information

Date:		
Name of Applicant:	Title:	
Address:		
City:	State:	Zip Code:
Primary Phone Number:		Alternate Phone Number:
Email:		

Section 2 – Business Information

Business Name:
Business Legal Name as Identified on W-9 (Please Attach copy of W-9):

Business Mailing Address:		
City:	State:	Zip Code:
Phone:		Website:
Number of years in business in Copperas Cove, TX:	Number of Business Locations:	Tax ID #:
Business Structure (C Corp, S Corp, LLC, Partnership, Sole Proprietor, Non-Profit, Other):		
Please provide a brief description of your business:		
Full Time Workers:		Part Time Workers:
Do you plan to hire any new employees in the next 3 months?		
Are you currently in compliance with the City of Copperas Cove and Coryell County? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , please provide background information below: <i>(This includes but is not limited to liens, court fines, delinquent City utility bills, or delinquent taxes.)</i>		
Have you received a Business Improvement Grant from CCEDC in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date of the award and a brief description of the project:		

Section 3 – Grant Request Information

Please select the type of improvement(s) associated with the improvement project.
(See Program Guidelines for additional details on Eligible Improvements and Expenditures)

	Facade Improvements		Sign Improvements
	Site Improvements		Other Real Property Improvements

Total Grant Amount Requested:

\$

Please provide a detailed breakdown of the project costs, the amount requested from the CCEDC Business Improvement Grant, and the matching contribution.

Expense Item	Cost Estimate	Grant Request (up to 50%)	Applicant Match
Totals			

Note: The maximum grant award is 50% of eligible costs, not to exceed \$5,000

Physical Address of Property for Which the Grant is Being Requested:

City:

State:

Zip Code:

Do you **own** or **lease** the property for which the grant is being requested: ☐ Own ☐ Lease

If lessee, please provide contact information for the property owner

Name of Property owner:

Address of Property Owner:

City:	State:	Zip Code:
Phone:		Email:
<p>Please provide a description of the proposed project. Please attach any project drawings, photos of the area to be improved, specifications, and/ or any additional information about the project to this application.</p>		
Estimated start date of project:		
Estimated completion of the project:		
<p>Name and cost estimate/quote from at least one (1) qualified contractor/supplier (Please attach a copy of the estimate with application)</p>		

Section 4 – Attachments

Please attach the following documents with the completed application (failure to include all applicable attachments with result in the application being deemed incomplete):

- Signed copy of W-9
- Detailed estimate/quote of proposed improvements and or other eligible expenditures
- Project drawings and specifications (if applicable)
- Photos of the area to be improved (if applicable)
- If lessee, please attach a copy of a lease agreement and a signed letter of permission from the property owner (if applicable)
- Any additional information about the project that would be beneficial in reviewing the application

Section 5 – Certification and Signature

Please review and check each box to certify your understanding and agreement:

- ☐ I understand that it is my responsibility to obtain all required permits and inspections related to the proposed improvement project.
- ☐ I acknowledge that CCEDC, its staff, and agents do not guarantee or take responsibility for the quality, safety, or construction of the completed project.
- ☐ I understand that submitting this application does not guarantee grant approval, and that CCEDC reserves full discretion in approving or denying funding.
- ☐ I certify that the information submitted in this application, including all attachments, is true, correct, and complete. I understand that any omissions or false information may result in the application being considered invalid.

Applicant Information and Signature

Name: _____

Title: _____

Signature: _____

Date: _____