



# Deuel County Business Enhancement Grant Application

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Business Name \_\_\_\_\_

Owner/s Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Please describe your current business and how, if granted, you will use the Deuel County Business Enhancement Grant to improve or make changes to the existing business. Also, detail how the proposed changes will enhance your current business.

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Cost estimate and proposed budget for project. (you may attach a spreadsheet)

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The CLAD Board requests a follow-up discussion 6 months post project completion to explore the outcomes. Is this acceptable to you? \_\_\_\_\_



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Please return the completed application to the Clear Lake Area Development Corporation.  
Application can be dropped off at the office 310 3<sup>rd</sup> Ave South, Clear Lake SD 57226 or mailed PO  
Box 831.

Date Received \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Explanation of Denial

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Check issue date:

- Copies of receipts