



Microenterprise
Assistance Program
Grants for Gardner's
Small Businesses

Business Name: _____

Business Address: _____

Is this business operated in a home or residence? Yes No

Federal Tax ID Number: _____ or DUNS Number: _____

Eligible Business Expenses Cost Calculation Form

JULY 1, 2020 – DECEMBER 31, 2020

Business Expenses Only

RENT LEASE or MORTGAGE EXPENSES (excluding taxes, insurance, & interest) 2020	<i>*Please attach to this form a copy of your current rent, lease, or mortgage agreement or statement.</i>
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
Total Rent/Lease/Mortgage (a)	\$
UTILITY EXPENSES (use actual costs from 2020 utility bills for recent months, or, for future months, use the cost from the corresponding month's bill in 2019)	<i>*Please attach to this form a copy of all utility statements used to calculate anticipated expenses of all utility costs included in this section.</i>
Business Phone	
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
Total Business Phone (b)	\$
Business Internet	
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
Total Business Internet Costs (c)	\$

Business Electricity	
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
Total Business Electricity Costs (d)	\$
Business Heating Fuel (natural gas, propane, fuel oil, wood or coal)	
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
Total Heating Fuel Expenses (e)	\$
Business Water, Sewer, Trash Removal	
July, August, September (use FY20 Quarter 1)	\$
October, November, December (use FY20 Quarter 2)	\$
Total Water, Sewer, Trash Expenses (f)	\$
Eligible Rent/Lease/Mortgage (a)	\$
Total Eligible Utilities (b + c + d + e + f)	\$
Total Eligible Expenses (a + b+c+d+e+f)	\$

I certify under the pains and penalties of perjury that the information contained on this form is accurate and complete to the best of my knowledge.

Name and Title of the Person who completed this form

_____ Date: _____

Signature of Person who completed this form

_____ Date: _____

Signature of Applicant or Witness if applicant signed above