



The Pharr Economic Development Corporation will assist for-profit business owners and entrepreneurs seeking to establish or expand into the City of Pharr with grants to support long-term success. Applications will be acted upon on a first come first serve basis.

Read guidelines and instructions provided before completing. If additional space is needed, attach additional pages. Type or use black ink.

**SECTION 1: COMPANY PROFILE**

New Business /  Existing Business      Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_, Pharr, TX

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Business Description: \_\_\_\_\_ Structure: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ EIN #: \_\_\_\_\_ Date Established: \_\_\_\_\_

Own /  Lease, Term: \_\_\_\_\_ Monthly Rent/Mortgage: \$ \_\_\_\_\_

Employees: Full-Time # \_\_\_\_\_ Part-Time # \_\_\_\_\_ Entry Wages: \_\_\_\_\_

Healthcare Insurance Benefits: YES / NO      Retirement Plan: YES / NO      Pharr Chamber Member: YES / NO

Annual Sales/Revenues: \$ \_\_\_\_\_

**SECTION 2: PROPOSED PROJECT (CHECK ALL THAT APPLY)**

Purpose:       Repairs/Improvements       Working Capital       Equipment Purchase       Signage

Landscaping       Pharr Chamber Membership (GPCC)       Permit Fees       Other: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

Timeline: \_\_\_\_\_ Attach (if applicable):  Business Plan       Building Renderings       Cost Estimates

**SECTION 3: CERTIFICATION & PERMISSION**

I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this small business grant application. I certify that the information in this form and attachments are true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all grant provisions may result in revocation of the Pharr EDC Small Business Grant. I acknowledge that this application is not a legally binding document for purposes of receiving funding through the Pharr EDC Small Business Grant, and that my designation as a program client does not guarantee my receipt of any program assistance.

I hereby give the Pharr EDC permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with all requirements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Submit completed application and required documents in PDF format to [pedc@pharr-tx.gov](mailto:pedc@pharr-tx.gov) OR drop off at the Pharr EDC offices - 1215 S. Cage Blvd., Pharr, TX 78577.