# **2025 EEIP Grant Application**

You must complete this form **ONLINE** to apply to the 2025 EEIP Grant program. You CANNOT save your application and come back to it later. Therefore, please review the guidelines and the application questions below before starting the online application. Questions or issues? Email Chantal Ivenso, chantalivenso@neoedd.org, or call 541-426-3598.

Contact Information			
First Name (Required)	Last Name (Required)		
If you have a chosen or preferre	ed name, what is it?		
D. of control No. 11			
Business Name			
Email (Required)			
Phone (Required)			
Mailing Address (Required)			
Street Address			
Address Line 2			
City	State / Province / Region		
ZIP / Postal Code	Country		

Is your business registered with the Oregon Secretary of State AND is your
registration active? (Required, select one)
Yes   No   I'm No Sure
Oregon Secretary of State - <a href="https://sos.oregon.gov/business/Pages/find.aspx">https://sos.oregon.gov/business/Pages/find.aspx</a>
Have you completed the EEIP qualification process through Reinventing Rural AND have you been approved? (Required, select one)
Yes   No
Is your business located in Union or Wallowa counties, Oregon? If not, you are not eligible for this program. (Required, select one)
Yes   No
What geographic area do you serve? Is your business an on-line business? Please describe. (Required)
Did your business have sales in the last 12 months? (Required, select one)
Yes   No
Choose you business status (Required, select one)
New business, no prior sales
Existing business, sales within last 12 months
Existing business, prior EEIP Grant recipient
Business type: what is your business' 6-digit NAICS code? (Required)

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Follow link to NAICS Search - <a href="https://www.census.gov/naics/">https://www.census.gov/naics/</a>

**Main Grant Questions** 

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## **Demographic Information (NOT Required)**

Demographic information is not required. However, providing this information will help NEOEDD understand who we are serving and continue to offer programs like EEIP to entrepreneurs and business owners in our region.

#### Are you a veteran?

Yes | No | I'm No Sure

### **Ethnicity**

American Indian/Alaskan Native | African American | Asian | Hispanic/Latino | Native Hawaiian/Pacific Islander | White | More than one race | Prefer Not to Answer

## **Disability**

None | Developmentally Disabled | Deaf/Hearing Impaired | Blind/Visually Impaired | Speech Impaired | Prefer not to answer

#### **Gender Identification**

Female | Male | Non-Binary | Prefer not to answer | Other

#### **Sexual Orientation**

Heterosexual | LGBTQ+ | Prefer not to answer

#### Income

NEOEDD sometimes receives <u>grants to</u> serve low-moderate income individuals. Is your household income is less than the amounts in <u>this chart:</u>

- My income is less than the amount listed on the chart
- My income is more than the amount listed on the chart
- Prefer not to answer

## Required Documents (May be Required, See Guidelines)

To know which documents you are required to upload below please **review the guidelines specific to your business status**: (1)New Buisness, (2) Existing Business-sales within 12 months, or (3) Existing Buisness-prior grant recipient.

Max. file size: 25 MB.

- Income Statement
- Business Plan or Business Canvas/Lean Business Plan
- Cash Flow Projection
- Purchase Items and Costs List