Name of Business: Name of applicant:

Address: Federal ID:

Telephone number: Email:

Position: Number of employees:

1. Is it your intention to apply to the City of Cranston for a grant?
2. Do you owe any tangible taxes to the City of Cranston as of this application?
3. Have you ever received a grant from the City of Cranston before?
4. Was your business affected by the construction and redevelopment of the Knightsville area?
5. If so, in 100 words or less, please describe the effect that it had on your business?
6. In 100 words or less, what would you intend to use this grant for, should you be approved?

In applying for this grant, the applicant must certify as to the truth and accuracy of the answers above. If any information which is provided shall be determined to be false or misleading, the application shall be denied, and the applicant shall be subjected to criminal prosecution.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and seal on this one-page affidavit certifying its truth and veracity on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

**SUBSCRIBED AND SWORN TO** on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025 in the City of Cranston, County of Providence, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known to me, or has provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as proper documentation of his/her identification, and he/she acknowledged that his/her signature is his/her free act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public - Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public - Print Name**

**My Commission expires**