



# VETERANS BUSINESS RESOURCE CENTER

4236 LINDELL BOULEVARD, Ste 102 , SAINT LOUIS, MO 63108  
TELEPHONE: (314) 531-VETS / (314) 531-8387

## Bootstrap Training Program Contract Agreement

**Applicant Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I, \_\_\_\_\_, agree and understand that the following guidelines are a condition of enrollment in the Bootstrap Training Program.

1. I understand that I am required to have access to a computer, attend all sessions, and submit a finished plan by deadline for consideration.
2. I understand that I am not guaranteed any funding because I complete the course and that grants are awarded on a competitive basis.
3. I understand that the maximum award for approved supplies/equipment is \$ 5,000.
4. I understand that VBRC BOD will review my submitted plan and determine grant fund awardees and amounts. VBRC operates as grant administrators.
5. I understand that all purchases must be used for the purposes outlined in proposal and cannot be transferred to another project in the business.
6. I understand all checks will be endorsed to legitimate companies or sole proprietors from whom I wish to purchase supplies/equipment. I must provide valid EIN or social security number to VBRC. I WILL NOT receive a cash payment.
7. I understand that I cannot receive any payments/reimbursements for business items purchased prior to or during the business plan course.
8. I understand that if approved for funding, I must receive 3 competitive bids on business items over \$500.
9. I understand funds are for development of local businesses operated in the metropolitan statistical area.
10. I understand that all personal information provided in my application packet will remain confidential.

I certify by my signature that I have read and understand completely the information provided in this agreement.

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