

Building a Brighter Future Program
Project Impact Form

Name:

Email:

Address:

Phone:

Business Name and Address:

Date of Application:

1. Have you met your project goals? State the measureable impact of each listed in your application.

2. Number of Current Employees: Full Time: _____ Part Time: _____

3. Increase in Six Month Sales? 1 Yes 1 No Amount of Increase: \$_____

4. Increase in New Customers? 1 Yes 1 No Amount of Increase: _____

5. Your Perception of your Business's Success (1-10) 1-Lowest 10-Highest _____

Explain your success measurement

rating: _____

Return a completed application to Melissa Thorn at mthorn@mountairymd.gov.