



Buda Local Enterprise Assistance Program (LEAP) 2024-2025

Application

The purpose of the Local Enterprise Assistance Program (LEAP), formerly known as the Small Business Incentive, is to assist new or existing Buda-based small businesses in achieving growth and expansion by promoting new development, business expansion, and renovation of existing buildings/businesses in accordance with the City of Buda building regulations.

Instructions: Please review the resource links to help you complete your application. Only online applications will be accepted; however, a PDF of the application is provided to help you gather information and prepare. The online application must be completed in one session.

Resources

[Buda LEAP Guide](#)
[Vendor Packet](#)
[PDF of Application](#)
[Step-by-Step Application Tutorial](#)

Business Information

Applicant Name (Full Name)*

Email *

Phone Number*

Relationship to Business*

Business Name*

Street Address*

City, State & Zip*

Company Website URL*

Business Owner(s) Name(s)*

Business Category/[NAICS Code](#)*

Hours of Operation

Include days and times you are open for business.*

Number of Business Locations*

Number of Years in Business*

Current Number of Full-Time Employees*

Current Number of Part-Time Employees*

Logo

Upload your Logo (for shared marketing)*

No file chosen

Social Tags

List of your business social media tags on each platform utilized.*

Incentive Request Details

Type of Incentive (Check all that apply)

Descriptions of incentive types and award limits may be found in the LEAP (add link) process document. *

- Building Improvements/Public Facing Beautification
- Workforce & Training
- Equipment & Software
- Marketing

Amount of Incentive Requested*

Description

Provide a detailed description of the project for which you are seeking an incentive. Include the purpose, scope, proposed budget, timelines, and expected outcomes.*

Quotes/Estimates

Attach at least one quote/estimate for the proposed work.*

No file chosen

Eligibility Requirements

Location Verification

Is your business located in, or in the process of opening in, the Buda City Limits or Buda ETJ ([Check Map](#))*

- Yes
- No

Attach a Screenshot of your Business Location on Map*

No file chosen

Vendor Packet

Attach a completed vendor packet.*

Choose Files No file chosen

Authorization (if applicable)

Please attach written authorization from the property owner for building improvements/beauti cation projects.

Choose Files No file chosen

Home-Based Business (if applicable)

Attach a copy of the previous IRS business tax return. To be eligible, home-based businesses must have an annual gross revenue total greater than \$20,000 and have been open for at least one year.

Choose Files No file chosen

Acknowledgments I agree to comply with the terms of the program, including the following items:

1. All necessary permits from the City of Buda have been secured **before** submitting this application.
2. All bills, charges, or taxes due to the City of Buda are current.
3. The project complies with applicable regulations, city-approved planning studies, comprehensive plan designations, City Ordinances, building codes, and the Americans with Disabilities Act.
4. If approved, I agree to sign a Performance Agreement with the Buda EDC and comply with all terms.
5. I consent to Buda EDC using the business name, incentive amount, logo, photographs, and incentive purpose for promotional purposes.
6. Marketing incentives must include a speci c Buda-related tagline as described in the program description. *

Please Select

By completing the signature line below, I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that the Buda Economic Development Corporation Board of Directors will review and make the final decision on my application, and I agree to comply with all program requirements. I acknowledge that the Board may amend, adjust, or eliminate the program at any time and that incentives are competitive and awarded on a first-come, first-served basis until program funds are depleted.

Applicant Signature (Full Name)*

Today's date

MM

/

DD

/

YYYY

Submit