

Business Association Grant Program

2026 End of Year Report

Administrative

Number of FTE: _____

Number of Contractors: _____

Employee/Contractor Narrative *(If more space is needed, add attachment to report):*

Administrative Narrative – please include information on how the association ran operationally during the reporting period. This would include if a physical space was maintained, staffing, office hours, etc. *(If more space is needed, add attachment to report):*

Funding Narrative – please include organizational funding information. Did the organization apply for or secure additional funding during the reporting period? If applied for, what? If received, what? *(If more space is needed, add attachment to report)*

2026 Key Initiatives

Provide status updates of the key initiative provided in the BAG Program Application.

(If more space is needed, add attachment to report)

| Key Initiative | Status | Comments |
|----------------|--------|----------|
| | | |
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| | | |
| | | |

Capacity Building: Staff Member

If City funding was used to support a staff member, include role components and how it is used to meet the association and BAG Program's objectives. *(If more space is needed, add attachment to report)*

Marketing & Promotion

Please provide information on marketing and promotion by the association for the district/ businesses in district. *(If more space is needed, add attachment to report)*

Programming

Please provide information on programming hosted by the association for the businesses in your district. *(If more space is needed, add attachment to report)*

| Seminar/Workshop/Etc. | Date | Attendance (estimated if not tracked) |
|-----------------------|------|---------------------------------------|
| | | |
| | | |
| | | |
| | | |

Programming Narrative *(If more space is needed, add attachment to report)*

Visitor Attraction

Please provide information on events hosted by the association to attract visitors and interest to the district. The Narrative should include commentary on how the event was publicized, who participated, and results from the event. *(If more space is needed, add attachment to report)*

| Event | Date | Attendance (estimated if not tracked) |
|-------|------|---------------------------------------|
| | | |
| | | |
| | | |

Activation

Narrative on how the association addressed vacant storefronts in the district and how to attract new businesses to the district. *(If more space is needed, add attachment to report)*

Number of Vacant Storefronts January 1, 2026 _____

Number of Vacant Storefronts December 31, 2026 _____

Business Attraction / Retention

Number of businesses who opened in the District during the Reporting Period _____

List businesses: _____

Number of businesses who closed in the District during the Reporting Period _____

List businesses: _____

Additional Activities

Placemaking, corridor improvement, or additional activities completed by the association *(If more space is needed, add attachment to report)*

| Item | Description (including dates if applicable) |
|------|---|
| | |
| | |
| | |
| | |

Narrative *(If more space is needed, add attachment to report)*

Association Coaching

Number of businesses who the association assisted during Reporting Period _____

| Business Name | Timeframe | Assistance provided |
|---------------|-----------|---------------------|
| | | |
| | | |
| | | |
| | | |

Narrative *(If more space is needed, add attachment to report)*

Accomplishments

Narrative on the association's accomplishments during reporting period. *(If more space is needed, add attachment to report)*