

DOWNTOWN FAÇADE GRANT PROGRAM



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APPLICANT INFORMATION

NAME:
PHONE:
EMAIL:

PROPERTY OWNER OR TENANT INFORMATION

NAME:		YEARS OWNED/LEASED:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
OWN/RENT: OWN <input type="checkbox"/> RENT <input type="checkbox"/>		IF RENT, OWNER APPROVAL ATTACHED: YES <input type="checkbox"/>

PROPOSED IMPROVEMENTS

DESCRIPTION:
TOTAL ESTIMATED PROJECT COST:
GRANT AMOUNT APPLIED FOR: (BASED ON 50/50 MATCH)