

Storefront Improvement Program

Grant Application

Application Instructions

Application must be filled out in its entirety and all supporting documents attached. Incomplete applications may be deferred to the next meeting. Please write legibly or use the fillable PDF. *All applications must be received by the first day of the meeting month.*

• The Board meets every other month starting in January: (January / March / May / July / September / November)

Mailing Address (if different from business address)	business imormation					
Project Information Describe Your Project in Detail (write legibly and include written estimates) Total Cost of Project (without sales tax) Total Grant Amount Requested (50% of total: \$5,000 max) Will you receive grant dollars or financial assistance from other parties for this project (explain)?	Business Name		Contact Name (first last)		Date (MM/DD/YYYY)	
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