

CHAMBER/CITY INITIATIVE GRANT APPLICATION

Date: _____

Your Name: _____

Business Name: _____

Business Address: _____

Best Contact Phone Number: _____

Email Address: _____

Requested Matching Grant Amount (up to \$1000) _____

Total Project Cost: _____

Projected Completion Date: _____

Scope of exterior work to be completed with primary and matching grant funds: _____

How would this grant help beautify your business? _____

____ *Please include any pictures or renderings to help detail the project.

____ *Please include all supply or contractor bids matching grant request.

____ *Acceptance of grant provides permission for Initiative marketing by Chamber.

----- *Business responsible for notifying Chamber of project completion.

Business Owner

Property Owner

OFFICE USE ONLY

Date of Board Decision: _____

Date Received: _____

2 Board Members Signatures: _____ & _____

Date Project Completed: _____ Date Funds Dispersed: _____

Acceptance of Dispersed Funds: Chamber _____ Business: _____