

Jeffersonville Main Street Inc. Storefront Improvement Program 2016 Grant Application

Applicant name:	
Owner of property (if different from above):	
Owner address:	
Telephone – owner: Telephone – applicant:	
E-mail address:	
Address where work will be done:	
Date building was constructed (if known):	
Brief description of project:	
If additional space is needed to explain the work to be performed then attach additional pages. Dr specifications should be attached where applicable.	rawings, plans or
Anticipated project start date:	
Anticipated project completion date:	_
Is the project for which you are requesting grant funds part of a larger building improvement plans property? If yes, please explain:	/project for your

Description of project expenses	Your share (1/2)	Grant share (1/2)	<u>Total</u>	
		+	=	
		+	=	
		+		
		+	=	
PROJECT TOTAL	\$	+ \$	= \$	
*You have an opportunity to get more grant dollar	ars by buying local – se	ee the grant guidelines.		
In order to receive grant funding, application may require input on design elements, e.s.				
, , ,				
Applicant will determine if this project needs approval from the City of Jeffersonville's Historic Preservation Commission (HPC) before the project starts. Call 812-284-4534 to verify.				
My application processing fee of \$25, made payable to Jeffersonville Main Street, is included.				
I will allow a sign in my storefront window for two weeks promoting the Storefront Improvement Project.				
Do liens exist on the property?yesno If yes, describe the liens, including amounts:				
Do you currently own the property?yes	no			
If no, please provide name and contact information	on for property owner	:		
Name:		Phone:		
Required Submittals:				
 A signed and completed grant application form A photo of the building, description, plans, spec If application is submitted by someone other owner establishing your permission to work of Application processing fee of \$25. Make check 	ecifications (where app than the property ow on the property.	olicable) of proposed wo ner, please submit a let		
I certify that all information contained in this application and all information provided in support of this application is given for the purpose of obtaining grant funding, and is true and complete to the best of my knowledge and belief.				
		Date:		
Owner Signature(s)				

Return completed application to: Jeffersonville Main Street Inc., P.O. Box 1474, Jeffersonville, IN 47131