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: & Date Funds Dispersed: