



## Old Town Facade Program Grant Application

Date of Application: \_\_\_\_\_ SURPAC Review Date: \_\_\_\_\_

### Business Information

\_\_\_\_\_  
*Name of Business*

\_\_\_\_\_  
*Physical Business Address*

\_\_\_\_\_  
*Mailing Address (if different from physical address)*

\_\_\_\_\_  
*Business Phone*

\_\_\_\_\_  
*Business Fax*

\_\_\_\_\_  
*Web site*

\_\_\_\_\_  
*Business Owner(s) Name(s)*

\_\_\_\_\_  
*Address of Property to be Improved*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Application being submitted by*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*E-mail*

### Project Information

*Please describe scope of project. Attach quote, photos or other information as appropriate. (Please attach additional sheets as required).*

*Est. Project Start Date:* \_\_\_\_\_

*Est. Project Completion Date:* \_\_\_\_\_

### Budget

*Total Project Cost:*

\$ \_\_\_\_\_

*Dollar Amount Requested:*

\$ \_\_\_\_\_

*(Please see attached Guidelines)*

### Authorization

\_\_\_\_\_  
*UR District Manager*

\_\_\_\_\_  
*District Board President*

\_\_\_\_\_  
*Date Awarded*



Contractor/Vendor	Invoice #	Inv. Amount	Funds Requested
Total			