



MATCHING STAKEHOLDER SUPPORT GRANT APPLICATION

Date: _____

Grant Number: _____

A. APPLICANT INFORMATION:

1. Business Name: _____

2. Owner(s): _____

3. Business Address: _____

4. Home Address: _____

5. Business Contact Info: PH: _____ Cell: _____

Fax: _____ Email: _____

B. PROJECT INFORMATION:

1. Project Address: _____

2. Project Description: _____

C. CONTRACTOR/COMPANY INFORMATION:

1. Company: _____

2. Address: _____

3. Business Contact Info: PH: _____ Cell: _____

Fax: _____ Email: _____

D. REQUIRED DOCUMENTATION:

- a. Concept Drawing and Description of Project
- b. Contractor's Cost Estimate
- c. Time Table for Project

E. SIGNATURES

I hereby certify that the above information is true and correct to the best of my knowledge.

Date: _____ Applicant Name: _____

Signature: _____

Applicant Name: _____

Signature: _____

Property Owner Permission

Required if applicant is a tenant in the project building.

I (we), as legal owner(s) of the property listed above, authorize the undertaking of the project as described in this application.

Property Name: _____

Date: _____ Property Owner Name: _____

Signature: _____

Property Owner Name: _____

Signature: _____