



**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you are applying as the tenant of a building, please provide the following information and attach a letter of consent from the owners stating that you are allowed to make these changes to the building.

Owners' Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT DESCRIPTION**

Describe the proposed project. Include information on work to be done, materials and how the work will improve the property or streetscape. Attach additional pages as necessary.

Planned Start Date: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

**APPLICATION CHECKLIST**

All of the following items are required for the application to be considered complete. Incomplete applications will not be considered.

- Building owner authorization if necessary
- Photos of existing conditions
- Drawings/designs in enough detail to assess plan
- Signed application form

**PROJECT BUDGET**

**Project Cost Components:**

Include costs of entire project including non-funded aspects and any aspect of the project which is funded by another agency/organization. Attach additional pages as necessary.

Component	Cost	Amount Requested
<b>Total Estimated Costs:</b>	\$	\$

**TERMS AND CONDITIONS**

- I assume all responsibility for the hiring of any contractors as necessary
- I will allow the District of Wells and Northern Development Initiative Trust to use before and/or after pictures of the project and testimonials for the purpose of promoting this program in the future.
- I agree not to involve the District of Wells or the Business Façade Improvement Program in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of the façade improvement project.
- I give my consent to the District staff to make all inspections necessary to confirm that the approved plan in this application is implemented in accordance with expected standards.
- Payment of approved grants will be made upon the applicant providing District staff with proof of final completion of the proposed improvements along with verification of expenditures, after photos and program testimonial.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**DISTRICT OFFICE ONLY**

Application received by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Amount: \_\_\_\_\_