



CITY OF DEWITT
Downtown Development Authority
2019 Facade Grant Improvement Program
APPLICATION - Request for Funding Application
(Please complete and submit this document)

1. Name of Applicant: _____
(Business Name/Type of Entity - Proprietorship, Corporation, Partnership, LLC, etc.)
2. Mailing Address: _____ Phone: _____
3. Project Address: _____
4. Does the applicant or his or her business entity own the project building?
____ YES ____ NO
5. Is the applicant a tenant of the owner? ____ If so, identify the owner:

Name _____ Address _____
6. If the answer to #5 is YES, attach a letter from the owner expressing approval of the project proposal and their agreement to comply with the terms and conditions of the Grant Program Agreement.
7. Estimate project cost: \$_____. Attach to your application a cost breakdown for carpentry, painting, repair, landscaping, etc. Also, attach material samples and color samples as necessary for this project.
8. Project start date: _____ Estimated completion date: _____
9. What is the present use of the building: _____
10. Will the project result in a change of the building's use? ____ YES ____ NO
11. The project will involve the building's _____ front facade, _____ side facade, _____ rear facade. Provide a full description on an attached sheet.



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12. Please attach drawings/photos with a written description of the proposed project.

13. A before and after photo (in both hard copy and digital form) is required.

Signature of Applicant: _____ Date: _____

Title: _____