

Estelline Façade Grant Application

Sponsored by the Estelline Economic Development

Eligible projects will be considered for a 50% match, meaning the fund may match dollar-for-dollar up to the maximum grant amount of \$2,500 per project.

Please type or print clearly and answer each question. If answers are not applicable, mark N/A. If there is not enough room, you may attach additional information at the end. If you have already started working on this project beyond design and cost estimates, your project may not be eligible.

Please contact Cole Hoyer at 608-386-4012 if you have questions.

Address of Proposed Project	
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1. Applicant Information

Name of Applicant	
Business Name	
Mailing Address	
City/State/Zip	
Telephone	
Email Address	

If the applicant is not the property owner, written consent of the project must be acknowledged on this application. The property owner may need to sign documents after the process.

2. Project Details

Please briefly describe proposed work to the exterior of the building.

Building Age	
Date of Last Renovation	

Estimated Project Timeline:

Start Date		Expected Completion Date	
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3. Cost Estimates

Please attach a detailed budget summary for all major costs associated with the project.

Total Cost of Project	
Total Grant Amount Requested	

4. Illustrations

Please attach drawings, photos, or illustrations of the proposed project.

5. Application Checklist

Please ensure the following are met before turning in this application:

- a. Completed application with all signatures
- b. Project plan which includes: enough detail to depict the proposed improvements, a narrative outlining all of the proposed improvements, and a detailed budget summary.
- c. Attach additional items as necessary.

6. Certification

I certify that all the information in this application is a true representation of the facts pertaining to the existing property for the purpose of applying for the Estelline Façade Grant Program. I acknowledge and understand that any misrepresentation of the information contained in this application and/or my failure to fulfill applicant requirements could result in disqualification from the program, requiring any funds paid to applicant to be repaid in full.

I further certify that I have read and agree to the Estelline Façade Grant Program Guidelines. If the review committee determines that program funds have not been used for eligible expenses as indicated in the program guidelines, I agree that any funds paid shall be returned in full and I acknowledge that I shall have no further interest, right, or claim thereto to those returned funds. I also understand that all Grant Program funding commitments are contingent upon availability of program funds.

List of grant recipients and award amounts are made available to the public.

Applicant Signature _____

Applicant Printed Name _____ Date _____

Property Owner Signature (if applicable) _____

Owner Printed Name _____ Date _____

Owner Email Address _____

Owner Phone Number _____