

Town of Bridgeville, Delaware

DOWNTOWN IMPROVEMENT MATCHING GRANT APPLICATION

PLEASE PRINT OR TYPE:

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: (____) _____ E-MAIL: _____

1. Are you the legal owner of the property/building(s) Yes _____ No _____
2. If not, please write the name, address and phone number of the legal building(s) owner: _____

3. Total Number of Units on Property: _____
4. Will you be doing the work yourself: Yes _____ No _____
5. Will you be hiring a contractor: Yes _____ No _____
6. If yes, please write the name, address and phone number of contractor(s): _____

Please indicate approximate cost of project: \$ _____

Attach a detailed description and itemized costs of improvements to be completed with grant monies.

Commercial Building Matching Grant (up to \$ 1,500)

Total amount of grant monies requested: _____

The total amount of a matching grant will not exceed \$ 1,500 for a single property and will not exceed 75% of the monies invested on eligible improvements by the property owner and/or applicant.

Applicant Signature: _____ Date: _____