



**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. Is the selected contractor licensed in the Town of Bridgeville for the period in which this work will be performed? Yes \_\_\_ No \_\_\_
7. 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:** \_\_\_\_\_