

# TOWN OF BRIDGEVILLE

*If you lived here, you'd be home now.*

April 2017

Dear Business/Property Owner,

The Town of Bridgeville Commission is pleased to announce that it is offering a Competitive Incentive Grant to encourage the establishment of a new business or the expansion of an existing business within Bridgeville. The grant will match fifty percent of project cost not to exceed \$5,000 (total project cost \$10,000 or greater).

Grant applications are available at Town Hall 101 North Main Street or the town's website and must be submitted to Town of Bridgeville, ATT: Economic Development Committee. Applications must be submitted by **Friday, May 12<sup>th</sup>, 2017**, before 4:30 p.m.

Recipients will be notified by Wednesday, June 14<sup>th</sup>, 2017. Fully executed contracts need to be submitted to Town Hall NO LATER than June 23<sup>rd</sup>, 2017, by 4:30 p.m. Project work should be completed by August 18<sup>th</sup>, 2017. Payment will be made after submission of paid invoices.

Business/property owners are strongly encouraged to take advantage of this exciting opportunity to be part of this phase of the town's economic development effort.

**REMINDER: The deadline for applications is Friday, May 12<sup>th</sup>, 2017.**

Sincerely,

Economic Development Committee  
Town of Bridgeville

101 North Main Street, Bridgeville, Delaware 19933  
Ph (302)337-7135 Fax (302)3377817  
[townofbridgeville@gmail.com](mailto:townofbridgeville@gmail.com)  
[www.bridgeville.delaware.gov](http://www.bridgeville.delaware.gov)

**COMPETITIVE NEW BUSINESS/ EXPANSION INCENTIVE GRANT APPLICATION**

**Economic Development Committee Grant Program FY17-2**

**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 total project: \$ \_\_\_\_\_

**Attach a detailed description and itemized costs of project to be completed with grant monies. Describe how this project supports increasing business in Bridgeville.**

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*New Business or Business Expansion Matching Grant (up to \$ 5,000)*

**Total amount of grant monies requested:** \_\_\_\_\_

The grant will match fifty percent of project cost not to exceed \$5,000 (total project cost \$10,000 or greater).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_