

Gulfport Main Street Association Façade Grant Application

Date:	
Business Name:	
Physical Address:	
Business Owner:	Phone:
Cell Phone:	
Email:	Website:
Are you currently open for business: YES NO	D Date opened:
Number of full-time employees: Part tim	ne:
Federal ID: State	e ID:
Give a brief statement of how you see your busin (Attach a document if needed)	less growing over the next 5 years:
How do you plan use grant funds if awarded? Plo quotes/estimates if necessary. Additional information may be included on additional sheet.	

Project Estimate: _____

If the Applicant is other than the owner of the building, the following line must be completed:

I certify that I, the owner of the property, do authorize the Applicant to apply for a grant under the Facade, Sign orAwning Improvement Grant Program and undertake the approved improvements.

Signature: _____ Print Name: _____ Owner Signature

Date:

By signing this application, I acknowledge that I have read and understand the Façade Grant Guidelines, and I certify that the information in this application is true, complete and accurate to the best of my knowledge.

I am aware that information will be kept confidential and that the selection of the grant recipients is at the sole discretion of Gulfport Main Street Association.

*Signature: _	Print Name:
	Applicant
Date:	
*Signature: _	Print Name:
	Gulfport Main Street
Date:	
	Office Use Only
Receive	ed by: Date:
Attach	iments:
	Application must contain a detailed description of the proposed project to be funded.
	Attach estimate or quote from contractor or business owner, who will be providing the work, labor, some "sweat equity by the business owner" may be allowed on a case by
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case basis, equipment, or signage. We prefer local contractors/businesses.

- _____ Attach current photos of façade/building
- _____ Attach renderings of work to be performed or equipment/signage to be purchased.