

## Loving Local Area Enhancement Grant **Application Form**

internal ose Only		
Date Received:		
Project Number:		

**Applicant Information** 

Business Name:				
Applicant Name:		Phone:		
Address:				
Postal Code:		Email Address:		
Applicant Description Who is involved in this project? Please check one	I am the property ow I own the property ar			m a business tenant
Longevity:	I anticipate the business to be in this location for years			
History:	I have been in business for: ur	nder 2 years	2-5 years	more than 5 years

**Project Information** 

Froject injoination	T
Project Location	
Include address	
	Is the property located in an area with design guidelines? Yes No
Current Use	First floor:
(Retail, Restaurant, office commercial) Include use and	Second floor:
business name	Third Floor:
Project Description Briefly describe the area enhancement project.	

General Work Plan  A general work plan will help clarify the details of your proposed project. Outline the general work that will be undertaken to complete the project. Estimate time required to complete the project. The applicant can attach a quote from a licensed contractor if available. The applicant can also perform the work themselves such as gardening or hanging flower baskets if they agree to provide receipts when the						
work is completed. The applicant must accurately assess costs in this application.						
Proposed Installation Start Date:	mm/dd/yyyy					
Proposed Completion Date:	mm/dd/yyyy					
Troposed Completion 2 a.c.	ттт, аа, уууу					
			_			
General Budget  A project budget will help clarify the enticipate	ed cost of your proposed project. This will help ass	and your application. Esti	moto			
	project. You can use the contractor's quote for but		таге			
ITEM	DESCRIPTION / DETAILS	PRICE/COST	SUBTOTAL			
112			***************************************			
		<u></u>				
<u> </u>	тот	AL PROJECT COST	Ś			
	-		Υ			
Please outline your financial, labour a	nd material contributions to this project	:				
	What grant amount you are req	uesting?				
(up to \$1000)						

## **Applicant Declaration**

I declare that I am the applicant, property owner or business owner (with permission from the property owner) preparing to install area enhancements. I confirm that any funds received as a result of this application will be used only for the purposes set forth herein. I have read and understand the Loving Local Area Enhancement Guidelines. I certify that all information is true and accurate to the best of my knowledge and if approved, work will be completed in accordance with all terms and conditions of the agreement entered into with the Washington County Economic Alliance and Chamber of Commerce.

Signature:	Date:	mm/dd/yyyy
Name (print):	Phone:	
Authorization of Property Owner- (complete only if app	licant is not the regist	ered property owner)
I/We,	the owner of the subje	ect property hereby authorize
to act on	my behalf for this appl	ication
Signature:	Date:	_
Return the complete Application to: ksipes@wceams.com or Washington County Economic Alliance/Chamber 342 Washington Ave., Ste. 201 Greenville, MS 38701		
Application Check List:		
<ul> <li>□ Completed application form</li> <li>□ Quote for area enhancements if available</li> <li>□ Read &amp; Understand the Loving Local Area Enhancements made to buildings inside designated design guidelines.</li> </ul>	•	
For internal use only:		
The applicant meets the requirements set out by the been identified as an area benefiting from funding rei		the policy. This location has
Washington County Economic Alliance and Chambe	er of Commerce	
Signature:		
Date: mm/dd/yyyy		