



Main Street Orion
Façade Improvement Grant Application

APPLICANT

Business Name: _____

Business Owner's Name: _____

Business Address: _____

Phone Number Day: _____ Night: _____

Email Address: _____

Name of Owner if Property is Rented: _____

Rental Property Owner's Phone Number: _____

PROJECT COST

Estimated Total Cost of Project: _____

Approximate completion date of improvement project: _____

PROJECT DESCRIPTION ATTACHMENTS

1. Describe in detail the project that you will undertake. Include as much description as possible about the physical improvements, including colors, materials, supplies, etc.
2. You must attach copies of bids, quotes, price lists, or any other documentation that will substantiate the estimated cost of this project.

APPLICANT(S) SIGNATURE

_____ Date: _____

_____ Date: _____

Note: Grant funding will be provided *after* completion of project and after submission of copies of all final bills and invoices to Main Street Orion.

To be completed by the Main Street Orion Design Committee

() Approved () Denied () Returned Grant Amount \$ _____

Main Street Orion Design Chairperson: _____ Date: _____

Main Street Orion Board President: _____ Date: _____