



Downtown Dover Partnership Grant Application Façade Improvement Matching Grant

Property Address and Tax Parcel ID# _____

Business Name _____

Business Address _____

Property Owner Name _____

Property Owner Address _____

Property Owner Telephone and Email _____

I hereby certify that I am the owner of the building for which this façade grant is requested, and that the foregoing applicant, in filing this application for the approval of the Downtown Dover Partnership, is acting with my consent. I further understand that providing falsified information or documents, or any other assertion of incorrect information to obtain grant funds, will disqualify the applicant from applying for, or receiving, funds for a period of one year from date of application, and that the DDP staff and Design Committee reserve the right for all final decisions.

Property Owner Signature _____

Date: _____

Applicant Name _____

Applicant Address _____

Applicant Telephone and Email _____

Applicant Signature _____

Date: _____

Amount Requested (Up to 50% of eligible expenses with a Max. of \$5,000) _____

Estimated Total Cost of Project _____

Scope of Work: Describe project improvements/activities in detail. Include itemized cost estimates with samples of materials to be used, paint colors, renderings, plans, sketches, or drawings of the project area. Add attachments as needed. Photographs of existing conditions are required including overall façade view and details of work areas.

Photographs Itemized Cost Estimates Plans or Drawings Materials Samples

For Office Use Only

Grant # _____ Complete Application Rec'd _____

Application Forwarded to Committee _____ Grant Award _____

Agreement Date _____ Request for Reimbursement Rec'd _____

Work Completed & Confirmed _____ Grant Paid _____