



DOWNTOWN REVITALIZATION GRANT APPLICATION

APPLICANT INFORMATION

1) Name: _____

2) If Business Application, doing Business as (DBA): _____

3) Mailing Address: _____

4) City: _____ State: _____ Zip: _____

5) Contact Person: _____

6) E-Mail Address: _____

7) Telephone Number (Home) include area code: _____

8) Telephone Number (Business) include area code:

9) Fax Number: _____

10) Business Website address: _____

PROJECT INFORMATION

11) Project Location: _____

12) Describe the proposed project: _____

13) Do you own the building/residence? Yes _____ No _____

14) Anticipated cost of the project \$ _____

15) Source of matching funds _____

16) Who will be doing the work? _____

17) Please provide a timeline indicating the planned completion of the project.

Signature of Property Owner(s):

Print Name

Owner Signature

Date

Print Name

Owner Signature

Date

Business Owner Signature

Print Name

Title (Owner, Partner, Officer)

Signature

Date

Due to normal bid requirements for the Town of Mead, depending upon the scope of the project, the Town may require three bids. Following initial review of the application, additional information may be requested.

Applications are to be submitted to the Town of Mead, 441 Third St, P.O. Box 626, Mead, CO 80542. Applications will be reviewed by staff, which will make recommendations to the Town of Mead Board of Trustees regarding the funding of the project. The decision of the Board of Trustees will be final. The Town of Mead reserves the right to discontinue or suspend the program at any time.