



INTERIOR BUILDING IMPROVEMENT AND/OR FACADE MATCHING GRANT APPLICATION

PROJECT APPLICATION:

Check all that apply: ☐ Interior Building Improvement Grant (IBIG) ☐ Facade Grant ☐ Architectural Services

Applicant's Name _____

Business Federal ID _____ Property Owner's Name (if different) _____

Project Building Address _____

Street City State Zip

Mailing Address (if different) _____

Street City State Zip

Phone _____ Email _____

Total Project Cost _____ Requested Amount _____

Proposed Improvements:

Has the applicant (Property Owner or Business) and/or any primary business partner within the company filed for Bankruptcy and/or defaulted on any loan financing payment or failed to meet conditions associated with any type of local, state or federal grant program? ☐ Yes ☐ No

If "yes" please explain:

Does the Applicant have Property Owner permission to complete the requested scope of work to the building/property referenced? ☐ Yes ☐ No

☐ I AM THE PROPERTY OWNER If "yes" please ensure a letter is included with this application signifying such. If "no" please explain:

To the best of your knowledge (as Applicant) is all the supporting documentation and information required to be provided in the Guidelines for Initial Application Process attached to this application? ☐ Yes ☐ No If "no" please explain what information has not been provided at this time:

By signing below, Applicant guarantees all information provided within this application is true and accurate. Withheld and/or inaccurate information provided may result in Applicant forfeiting its ability to collect reimbursement for this and/or future projects offered by the Town of Canton.

Applicant Signature _____ Date _____

OFFICE USE ONLY:

All required and requested information is complete. ☐ Yes ☐ No If "no" please explain what required information is still outstanding:

Design Review Committee Meeting Date: _____

Recommendation of the Design Review Committee: ☐ To APPROVE ☐ To DENY