# BUSINESS MATCHING GRANT PROGRAM APPLICATION



Project Address:				
Street Name: Square Footage	:			
Applicant Information	n			
Legal Name of A	Applicant:			
Primary Contact	Name:			
Mailing Address	:			
City/State:			Zip Code:	
Primary Telepho	one Number:			
If applicant is a busi	ness, indicate the bus	siness type:		
Corporation	Partnership		Sole Proprietorship	Other
Are all of Applicant'	s local, state and fede	eral taxes currer	nt?	
Yes	No (provide ex	planation)		

# **Project Information**

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What is your legal interest in the building? (if tenant, the property owner must complete an Owner Consent Form)

Property Owner Tenant
Have building permits been applied for? If yes, attach a copy of permit and supporting site plans
Yes No
Do you have site plans for the project? If yes, attach copy
Yes No
Are there any known code violations at the site?
Yes No
If Yes, please explain:

Provide a list of ALL businesses operating from the project address. Attach a separate sheet if necessary.

Business Name	Type of Business	Square Footage
1.		
2.		
3.		
4.		

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### For Security Improvement Grant Only

What security enhancements or installations would you like to install at your site?

For applications involving property with multiple storefronts, provide a list of ALL businesses operating from the project address. Attach a separate sheet if necessary.

Business Name	Type of Business	Square Footage		
1.				
2.				
3.				
4.				

#### **APPLICANT SIGNATURE**

By signing below the Applicant acknowledges that he/she has read and understands the program guidelines for the Façade Improvement Grant Program available at <u>www.galvail.gov/</u> Applicant understands that applications are reviewed on a first come first served basis and that the last day to submit an application under this Program is 1/15/2023. Costs incurred prior to application approval and grant contract signing are not eligible for reimbursement. Incomplete applications cannot be considered. The Applicant assures that the information contained in the application is true and correct and agrees to comply with all City of Galva guidelines applicable to this program. The Applicant authorizes the City to use his/her/its name, likeness, photos and/or information about the project participating in the Program for promotional purposes.

By signing below, the Signatory acknowledges he/she is duly authorized to act on behalf of the Applicant and that the Applicant is properly organized and licensed to conduct business in the state of Illinois.

Applicant Name:	
Print name	Title
Signature	Date

#### **RETURN COMPLETED APPLICATIONS** with all required attachments to:

City of Galva ATTN: City Clerk (309) 932 - 2555 <u>cityclerk@galvail.gov</u> 311 N.W. 4th Avenue Galva, IL 61434 If the Applicant does not own the property, the below Owner Consent Form must be completed by the property Owner and submitted with the Application.

# OWNER CONSENT FORM

The undersigned owner of the existing building located at:

\_\_\_\_\_\_(Address) certifies that\_\_\_\_\_\_(Applicant) operates or intends to operate a business at the above location. The undersigned agrees to permit the Applicant and his contractors or agents to implement the improvements listed on the Façade Improvement Grant Program Application ("the Application") dated\_\_\_\_\_.

The undersigned hereby waives any claim against the City of Galva ("the City") arising out of the use of said grant funds for the purposes set forth in the Application. The undersigned agrees to hold the CITY harmless for any charges, damages, claims or liens arising out of the Applicant's participation in the Façade Improvement GrantProgram.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, if a Partnership by its Partners, if a LLC or LLP, by its Members/Managers, etc. the day and year first above written.

(Company Name) leave blank if Owner is an Individual	1					Corporate Seal	e
By:(Sea	ul)	By:		Name		(Seal)	)
Title	_	-				ïtle	
Illinois, County of Henry,							
	, a	Notary	Public,	do	hereby	certify	that
	person	ally appear	red before	me thi	s day and	acknowle	edged
the due execution of the foregoing instrument.							
WITNESS my hand and official seal or stamp, thi	is		day of		,	20	
Notary Public		My c	ommissior	nexpire	es		

Complete this checklist to ensure all required documents are included. Incomplete applications will not be considered.

## Required for Façade Improvement and Interior Upfit Grants Only

Statement of Project Description. A written statement of vinvolve. Provide as much detail as possible, including what you materials to be used, color, location on façade, etc.	
Photographs of Existing Façade and/or Interior. Submicurrent condition. If necessary, also take several photos of buyour proposed improvements will maintain the character of the indicate what improvements you are proposing to make in earlielectronically in JPEG format.	uildings in the area to demonstrate that he area. Be sure to label each photo and
Detailed Cost Estimates / Bids for Proposed Improvem estimates from qualified contractors. Estimates should includ	
Copy of Site Plan (or Interior Building Plan). – If your propermitting purposes, a copy of the project site plans must be	
Drawings of Proposed Façade and/or Interior Improver site will look like after work is completed. For larger projects i include copies of your renovation plan containing elevations a sketch may be appropriate at the City's sole discretion. In add sample sheets of design elements such as windows, doors, lit type of material, etc.	nvolving a major scope of work this will and site plans. For smaller projects, a simple dition to a conceptual drawing, include product

## **Required for Security Improvement Grant Only**

List of Proposed Security Improvements. If there are security improvements you are considering and would like for the Police to consider as part of their security analysis, include a description of the improvements you are considering in Section 4. NOTE: The Officer conducting the analysis will use his or her own judgment in recommending security improvements. There is no guaranty that the Officer will concur with the improvements you are considering.