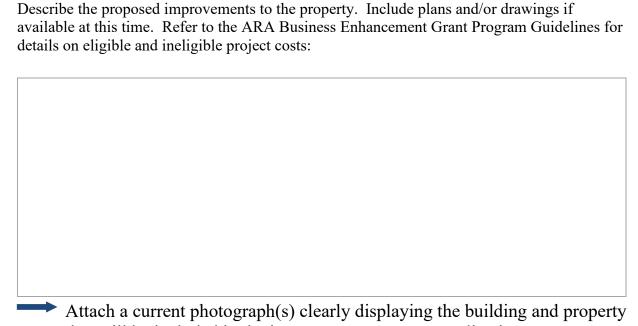
Appleton Redevelopment Authority (ARA) Business Enhancement Grant Application



Applicant Information	

Applicant Information	Ш	
Business Name		
Contact Person		
Property Address		
City State ZIP Code		
Phone		
Fax		
E-Mail Address		
Type of Business		
Term of Lease (if applicant is not the owner)	t	
Property Owner Info	rmation	
Name		
Street Address		
City State ZIP Code		
Phone		
Fax		
E-Mail Address		
Years Owned		
Type of Ownership		
property owner. Both the applica affidavit.	nt and the property o	and attach the permission agreement from
architect, Engineer and	Contractor Inform	nation
Include the name and conta plan to use for the project.	act information for the a	architect/engineer/contractor that you are using or
Architect/Engineer/Contra	ctor Company Name	
Contact Person		
Address		
City State ZIP Code		
Phone		
E-Mail Address		

Proposed Improvements to Property



that will be included in the improvements to your application.

Grant Request

Identify the estimated amount of your grant request below. A minimum of 1 quote/bid per trade (breakdown by trade not required if general contractor is used) is required with this application to be considered complete. *Note: A minimum of 2 quotes/bids will be required prior to final grant approval.* Competitive proposals to complete the property improvements are required prior to construction. Cost incurred before final grant approval by the ARA, with the exception of architectural and engineering fees, are not eligible.

The ARA will consider an application for a grant up to fifty percent (50%) of the total eligible project cost. Review the Business Enhancement Grant Program Guidelines for additional details on eligible project costs and matching funds.

ARA grant funds requested for property improvement project costs	\$ 50% of eligible project costs with a maximum of \$7,000
Owner/Applicant investment for the property improvement project costs	\$ 50% of eligible project costs
Total property improvement project costs	\$

Agreement and Signature

By submitting this application, I affirm that the information set forth in it is true and complete. I have read and understand the ARA Business Enhancement Grant Program Guidelines. I understand submission of an application does not constitute a guarantee for funding from the program. If this application is accepted, the applicant will be required to enter into a Grant Agreement with the Appleton Redevelopment Authority.

Name (printed)	
Signature	
Date	

NOTE: Review of complete grant applications will be considered on a first come-first served basis. Applications will be considered "complete" when <u>ALL</u> the following information is provided:

- o Applicant Information
- Owner Information and Property Owner Permission Agreement (if not the same as applicant)
- Affidavit for Business Enhancement Grant Program from owner and applicant (if not the same)
- o Improvement description and photos of existing building
- o Grant amount requested and owner contribution
- o Minimum of 1 quote/bid for the work proposed (Minimum 2 quotes/bids will be required prior to final grant approval)

Grant Review

Thank you for completing this application form and for your interest in improving the City of Appleton.

Send your completed application and attachments to the staff contact noted below. All applicants will be contacted via email, letter or by phone to acknowledge receipt of the application.

If you have questions about this application or the ARA Business Enhancement Grant Program Guidelines, please contact:

Lily Paul, Economic Development Specialist
City of Appleton Community Development Department
100 N. Appleton Street
Appleton, WI 54911
(920) 832-6468 phone
(920) 832-6463 direct phone line
(920) 832-5994 fax
lily.paul@appletonwi.gov

Permission Agreement from Property Owner

Date:		
Appleton Redevelopment Authority Community Development Department 100 N. Appleton Street Appleton, WI 54911		
Re: Application for Business Enhancement	t Grant at	(insert address)
Dear Executive Director:		
I hereby grant my permission toapplication under the ARA Business Enhan jointly, with the applicant, enter into a Gran permission toproposed improvements according to the Application from the applicant and I am ful am the legal owner of record and that I have	cement Grant Progrant Agreement with the (insert a pplication. Business Enhancement ly aware of what is been the authority to grant	am. I understand I will be required to the ARA. I further grant my applicant name) to complete the note of Grant Program Guidelines and being proposed. I also certify that I are this permission to
Sincerely,		
Signature	-	
Printed Name	-	

Affidavit for Business Enhancement Grant Program

We the undersigned hereby state there is no pending litigation against the ARA or the City of Appleton by me, my company or any other instance in which I am directly involved.

If a grant is awarded, activities as proposed shall be completed as outlined in the Grant Agreement.

WITNESS:	
Signature of Witness	Signature of Applicant
	Address
	Date
WITNESS:	
Signature of Witness	Signature of Owner (required if the applicant is not the owner)
	Address
	Date