

CITY OF LITCHFIELD
Downtown Development Authority
Spring/Summer Spruce Up Grant
Mini Grant Program Application (Business Fronts only)

Address for which funding is requested : _____

Name of Applicant : _____

Mailing Address of Applicant: _____

Daytime Phone Number: _____ Email: _____

Applicant is Property Owner Tenant

Tax ID Number: _____

If the applicant is the tenant:

Name of property owner: _____

Mailing address of property owner: _____

Name of applicant's business: _____

Is the building included in the boundaries of the Litchfield DDA District: Yes No

Proposed improvements for which funding is requested (check all that apply)

Signs

Paint

Awning Improvements (fabric)

Other –explain _____

Total estimated project cost of improvements \$ _____

Improvement funds requested \$ _____

STATEMENT OF UNDERSTANDING

1. I agree to comply with the guidelines and procedures of the Litchfield DDA Spring/Summer Spruce Up Mini Grant Program.
2. I understand that I must submit detailed cost documentation, copies of bids, invoices and receipts upon completion of the approved improvements before any project reimbursement can be distributed to applicant.
3. I understand that work done before an Agreement is approved is not eligible for reimbursement through this program.
4. I understand that Façade Improvement funds are subject to audit and taxation and that the City is required to report the amount and recipient of said grants to the I.R.S.

Signature of Applicant: _____ Date: _____

AUTHORIZATION OF OWNER

If the applicant is other than the owner, the owner must complete the following certificate:

I certify that I am the owner of property at _____, and that I authorize the applicant to apply for a reimbursement grant under the City of Litchfield DDA Mini Grant Program and undertake the approved improvements.

Signature of Owner: _____ Date: _____