

**City of Ainsworth
Façade Improvement Grant Application**

Business Name: _____

Property Owner _____

Phone: _____

Email: _____

Property Address _____

Anticipated Project Start Date _____

Estimated Project Cost

Estimated total cost \$ _____

Grant request \$ _____

Cash contribution \$ _____

In-Kind contribution (describe) _____

Project Description (include plans or drawings) _____

Have City permits been issued/approved? Yes _____ No _____ (Attach)

All information provided in this application is true and accurate to the best of my knowledge. Any grant funds that may be awarded will be used specifically for the project as presented in this application and in accordance with the Grant Agreement, otherwise applicant agrees to return any funds awarded to the City of Ainsworth.

Authorized Representative Signature _____ **Date** _____

Printed Name _____

Committee Checklist

Is project consistent with Strategic Plan? Yes _____ No _____

Are City permits attached? Yes _____ No _____

Assessor Sheet: Please attach

50% match required _____

Reimbursement _____

Recommend for Approval? Yes _____ No _____ **Amount:** \$ _____

Please return to North Central Development Center

356 S. Main Street, Suite B

Ainsworth, Ne. 69210

Email: ncdcdirector@gmail.com

Phone: 402-387-2740