

**East Downtown Council
Great Streets Façade Improvement
Matching Grant Application**

Applicant Name _____ Date _____

E-Mail _____ Telephone _____

Address (including zip code) _____

Address of Property to be Improved _____

Property Owner Name _____ Telephone _____

(If different from applicant, the owner must sign the following page to indicate knowledge and approval of the proposed improvement.)

STEP 1: Describe the work or project(s) to be completed:

(Include supporting materials, drawings of proposed improvement, and photographs of current building to assist in the review and understanding of the project.)

STEP 2: Get two (2) bids for all work or project(s) – attach copy of bids:

(Verify that both contractors are licensed, bonded, and insured. Be sure that both bids are based on the same scope of work. For example, if one bid is for tuck pointing, window replacement, and flashing, then the second bid must be for the exact same things: tuck pointing, window replacement, and flashing.)

An applicant may perform work personally, but East Downtown Council will only reimburse for materials, not labor or purchase of tools or equipment, if labor is performed by the applicant, property owner, an employee of applicant or property owner, or a company in which the applicant or property owner holds an ownership interest.

Applicants are encouraged to solicit bids from women and minority contractors.)

Contractor	Bid	Licensed, Bonded & Insured?
1 st	\$	Yes / No
2 nd	\$	Yes / No

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STEP 3: Select a contractor:

Contractor selected _____

Total eligible project costs \$ _____

STEP 4: Project dates:

Approximate date work will begin _____

Approximate date work will be complete _____

STEP 5: Sign and date application:

Applicant Signature

Applicant Name (printed)

Date

Property Owner Signature (if different from Applicant)

Property Owner Name (printed)

Date

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STEP 6: Send application to:

Christine Merz-Watt
SDL Business Development Services
619 South 10th Street, Suite B
Minneapolis, MN 55404

Contact Christine at 612-226-2767 or SDL.Development@hotmail.com for more information.

This matching grant application for reimbursement is valid for nine (9) months from the date of the organization's approval to begin work and is subject to funding availability.

For Use by the administering organization

Date Received

Signature

Date of Approval to Begin Work

Signature

Date of Approval for Reimbursement

Signature