

Midtown Business Association

Façade Improvement Grant Application

APPLICANT INFORMATION

Name of Business _____

Business Address _____

Business Phone _____ Alternate Phone _____

Name of Business Owner _____

E-mail address _____

Business Structure: Sole Proprietorship Partnership

Corporation Non-Profit

Age of the Building _____ Building is occupied YES NO

Is the Business leased OR owned Date lease expires _____

If leased, name of property owner _____

Property owner's address _____

Property owner's phone _____ e-mail _____

Multiple Businesses Located within the Building YES NO

Description of these Businesses:

PROJECT INFORMATION

Please provide a brief description of the project for which grant funds are requested:

Project Start Date _____ Estimated Completion Date _____

Estimated Cost _____ Owner Contribution _____

Grant eligibility is subject to a match from the applicant. Applicants must be willing to invest in the project. If a grant is awarded, it will be provided as a reimbursement to the applicant once work is completed.

TOTAL AMOUNT REQUESTED _____ (up to \$1,000)

To the best of my knowledge, all information contained in this application is correct. I also hereby grant permission to the Midtown Business Association Review Committee to contact any and all parties they deem necessary to process this application. I understand that this application will be held in the strictest confidence and only discussed with those necessary to process the application.

In submitting this application, I understand that any willful misrepresentation of the information contained in the application could result in disqualification from the Façade Improvement Program. It is understood that all funding commitments are contingent upon availability of program funds. I also understand that I waive all claims against MBA, its volunteers and members, and hereby agree to defend, indemnify and hold MBA harmless from any losses, demands or causes of action which may arise out of the work performed in relation to this application.

(President/Principal/Owner) (Name of Business)

(Date)

APPLICATION CHECKLIST

- Completed Application
- Consent Letter from property owner
- Project Information, including costs and timeline

Please mail the completed application and related documents to:

Rick Katelman, MBA Facade Improvement Chair
144 South 39th Street
Omaha, NE 68131

For questions regarding the program, please contact Rick Katelman – 402-551-4388 or
rskatelman@cox.net