



CITY OF MADISON
FAÇADE IMPROVEMENT GRANT PROGRAM
Building and beautifying Madison, one storefront at a time



Department of Planning & Community & Economic Development
 Economic Development Division
 215 Martin Luther King Jr., Boulevard
 Percy Brown, 266-6558
pbrown@cityofmadison.com

PROGRAM APPLICATION

Applicant: _____ Phone: _____

Business Name: _____

Building Name: _____

Business Address: _____ Zip Code _____

E-mail Address: _____

Property Owner: _____

Address: _____

Name of Grantee: _____

Lease Terms: _____

Definition of Project Scope: _____

ATTACHMENT

Please provide photographs and copy of lease, land contract, or deed. Tenants must provide owner's written authorization.

PROJECT BUDGET

List Individual Project Elements (Awning, sign, painting of trim, etc.)	Total Cost	Grant \$	Private \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total:	_____	_____	_____



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Contractor/Supplier: _____

Address: _____

ATTACHMENT

* Bids, estimates, and/or contracts, product brochures, locator map and design drawings, if appropriate.

REMARKS _____

APPLICANT'S CERTIFICATION

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the City of Madison Façade Grant Program and is true and complete to the best of the applicant's knowledge and belief.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please send this completed application, accompanying materials, and application fee of \$100 to:

Economic Development Division
 Attn: Percy Brown
 215 Martin Luther King Jr. Boulevard, Room 312
 P.O. Box 2983
 Madison, WI 53701-2983