Department of Planning & Community & Economic Development
Economic Development Division
Matthew B. Mikolajewski, Director

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obr@cityofmadison.com
www.cityofmadison.com/business

Office of Business Resources
Saran Ouk, Manager souk@cityofmadison.com

Ruth Rohlich, Business Development Specialist
Please send all inquiries to Ruth
rrohlich@cityofmadison.com

Building Improvement Grant

APPLICATION

Please read the Program Summary. The first step is to discuss your project with City Staff. Please call or e-mail Ruth Rohlich to set up a conversation about your project before applying.

Ruth Rohlich
(608) 267-4933
rrohlich@cityofmadison.com

Applicant: _____

Phone: _____

Business Name: _____

Legal Business Name: _____

Please check your business status on the Department of Financial Institutions website and use this business name.

Business Address: _____

Zip Code: _____

E-mail Address: _____

Property Owner: _____

Property Owner E-mail: _____

Property Owner Phone Number: _____

Number of Employees of Business: _____

How many Owners? _____

Ownership Type? ☐ LLC ☐ Sole Proprietorship ☐ Unknown
☐ Full-Time ☐ Part-Time

Name of Grantee: _____

Lease Terms: _____

Explanation of Project Scope

Required Attachments

- ☐ Copy of lease, land contract or deed*
- ☐ Building owner's written authorization
- ☐ Bids, estimates, contracts, product brochures, design drawings as appropriate
- ☐ Copy of both sides of a state ID or license

Total Project Budget

List Contractors and Suppliers				
Contractor/Supplier	**E-mail**	**Item(s) or work proposed**	**Amount**	**Estimate Provided (Y/N)**

Additional Comments

*Applicants can apply for a Building Improvement Grant before they sign a commercial lease. We recognize that for some applicants knowing if they will be approved for grant funding will determine if they sign a lease. If you are applying before you have a signed lease, please submit a copy of the lease and a letter of intent to lease from the property owner. Funding will not be distributed until the City receives a signed lease and letter of approval for any improvements from the building owner.

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 Building Improvement Grant Program and is true and complete to the best of the applicant's knowledge and belief.

Signature: _____ Date: _____

Signature: _____ Date: _____

For Staff to Fill Out

Applicant is located in: _____

- ☐ TID 44
- ☐ TID 46
- ☐ TID 50
- ☐ TID 51
- ☐ TID 52
- ☐ TID 53
- ☐ TID 54

E-mail application to:	**Drop off application:**	**Mail application:**
Ruth Rohlich Business Development Specialist City of Madison big@cityofmadison.com *PREFERRED DELIVERY METHOD*	Attn: Ruth Rohlich 215 Martin Luther King Jr. Blvd, Room 312	Attn: Ruth Rohlich Economic Development P.O. Box 2983 Madison 53701-2983