Department of Planning & Community & Economic Development

**Economic Development Division**

Matthew B. Mikolajewski, Director

P.O. Box 2983

**Office of Business Resources**

**Saran Ouk, Manager** **souk@cityofmadison.com**

**Ruth Rohlich, Business Development Specialist**

***Please send all inquiries to Ruth***

**rrohlich@cityofmadison.com**

Madison, Wisconsin 53701-2983

Phone: (608) 266-4222

Fax: (608) 261-6126

obr@cityofmadison.com

[www.cityofmadison.com/business](http://www.cityofmadison.com/business)

# Building Improvement Grant

# APPLICATION

Please read the Program Summary. Page four of the Program Summary explains the process for applying to this grant. The first step is to discuss your project with City Staff. Please call or e-mail to set up a conversation about your project before applying.

608-267-4933

big@cityofmadison.com

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| --- | --- |
| Applicant: |       |
| Phone: |       |
| 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: |       |

\*We will be asking demographic data as per the ARPA Rules.

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| --- | --- |
| Lease Terms: |       |

**Explanation of Project Scope**

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|       |

Attachments

[ ]  Copy of lease, land contract or deed

[ ]  Building owner’s written authorization

[ ]  Bids, estimates, contracts, product brochures, design drawings as appropriate

### Total Project Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **List Individual Project Elements** | **Total Cost** | **Grant Dollars Used** | **Private Dollars Used** |
|       |       |       |       |
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| **Totals** |       |       |       |

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

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### 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 Business Improvement Grant Program and is true and complete to the best of the applicant’s knowledge and belief.

Signature: Date:

Signature: Date:

|  |  |  |
| --- | --- | --- |
| **E-mail application to:** Office of Business ResourcesCity of Madison big@cityofmadison.com*PREFFERED DELIVERY METHOD* | **Drop off application:**Office of Business Resources 215 Martin Luther King Jr. Blvd, Room 312 | **Mail application:**Office of Business ResourcesEconomic DevelopmentP.O. Box 2983Madison 53701-2983Madison |