



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 Blvd, Suite 300
 Tom Otto (608) 243-0178
totto@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, locater 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: Tom Otto
 PO Box 2983
 Madison, WI 53701-2983