

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 written authorization.	lease, land contract,	or deed. Tenants mus	st provide owner's
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 brochure	s, locater map and design drawings, if appropriate.
REMARKS	
APPLICANT'S CERTIFICATION	
The Applicant certifies that all information in this of this application is given for the purpose of obtain Grant Program and is true and complete to the best	• • • • • • • • • • • • • • • • • • • •
Signature:	Date:
Signature:	Date:
Please send this completed application, accompany	ying 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	