

**KIMBALL BUSINESS FAÇADE IMPROVEMENT GRANT
GRANT APPLICATION**

Name: _____	Phone: _____
Name of Business: _____	Phone: _____
Address of Business: _____	
Project Manager or Contact: _____	
*Building Owner: _____	

* This program is open to any Kimball Business, however improvements for home based businesses are not permitted at this time. If Business is renting or leasing building, please attach a letter of permission, signed by the owner of the property, giving permission to Business to perform improvements. For more information, or questions about this application, please contact, Economic Development at (308) 235-3639

Grant requested for (please select one or more of the following eligible activities):

- | | | |
|---|--|---|
| <input type="checkbox"/> Website Development | <input type="checkbox"/> Paint & Prime | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Awning | <input type="checkbox"/> Chimney |
| <input type="checkbox"/> Sandblasting of brick | <input type="checkbox"/> Gutter & Drain | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Sidewalk or parking lot | <input type="checkbox"/> Exterior Door | <input type="checkbox"/> Window Replacement |
| <input type="checkbox"/> Point tucking and brick repair | <input type="checkbox"/> Permanent Landscaping | |

Please provide a detailed description of the improvements including materials, size, colors, etc. and copies of the cost estimates, bids, or receipts.

1. How will the use of this grant improve the aesthetics of your property?

2. How will the grant improve your business?

3. How will this grant have an effect on neighboring businesses?

4. Please enclose a "before" picture of the façade with this application.

PROJECT DETAILS

Please itemize your expenses below. Match Amount and Grant Amount will be filled out by the City of Kimball Offices before given to City Council. Please include contractors license number in the contractor section.

<i>Contractor or Supplier & Description</i>	<i>Local, Reginal, Other</i>	<i>Cost</i>	<i>Match Amount</i>	<i>Grant Amount</i>

*****LABOR:** Self, Friends, or Family are allowed to be included as labor. You must include what labor was done and estimated time worked. It will be based on \$10.00 an hour and will NOT exceed \$500.***

AGREEMENT AND CERTIFICATION

I have read the approved program and agree to its parameters. I also understand that no fund will be issues to me until the project is finished and all receipts and documentation has been submitted, and verification of completed project.

Name _____ Date: _____