

SHAWANO BUSINESS IMPROVEMENT DISTRICT
BUSINESS IMPROVEMENT GRANT APPLICATION

Applicant Name: _____

Business Name: _____

Property Owner: _____
(If different from applicant)

If the applicant does not own the property, please attach a letter from the building owner expressing approval of the proposed project.

Property Address: _____

Telephone: _____ Fax: _____

Email: _____

Please furnish a brief project description and timeline.

Required Attachments:

- Paint color samples, if applicable. Copies of estimates for proposed work.
 Current photo of property. Architect/artist rendering (for façade reconstruction projects).

Estimated total project cost: \$ _____ Estimated eligible expenses: \$ _____

Amount of request: \$ _____
(Not to exceed 50% of eligible expenses, \$5,000 maximum award)

Paid invoices must be submitted to the Administrator before grant funds will be released.

I, the applicant for the Business Improvement Grant, agree to abide by the Business Improvement Guidelines provided to me and by the decision of the BID Business Property Committee.

Signed: _____

This Façade Grant was approved and accepted by the BID Business Property Committee the _____ day of _____, 20____.

Signed: _____ Signed: _____
BID Business Property Committee Chair Business Improvement Grant Administrator

Return completed request and attachments to the program administrator:
Shawano County Economic Progress, Inc., 1263 S. Main Street, Shawano, WI 54166
715-526-5839