



## Grant Application

### Program: (Check Program)

- Downtown Building Conversion Grant
- Downtown Mixed-Use Building Conversion Grant
- Downtown Relocation Grant

### Applicant Information

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Building Information

Address of building: \_\_\_\_\_

Name of building owner (if different from above): \_\_\_\_\_

Building renter(s)/occupants: \_\_\_\_\_

### Financial Information

Total amount of project: \$ \_\_\_\_\_

Total grant amount applied for: \$ \_\_\_\_\_

#### Reimbursement Guidelines:

- For Building Conversion and Downtown Mixed-Use Grants, matching funds will be a 50/50 reimbursement with City funding not to exceed \$5000.
- For Downtown Relocation Grant, matching funds will be a 50/50 reimbursement with City funding not to exceed \$1,500.

#### Owner/Renter Matching Fund Source:

\_\_\_ Cash      Bank Financing (list bank): \_\_\_\_\_      Other: \_\_\_\_\_

### Description of Improvements

Describe the work to be done (City matching funds can only be used for permanent improvements):

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Describe how owner/renter matching funds will be used:

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Is a building permit required for the project?      \_\_\_ Yes      \_\_\_ No

If yes, describe:

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**Project Timetable:**

Date work is to start:      \_\_\_/\_\_\_/\_\_\_

Date work is to be completed:      \_\_\_/\_\_\_/\_\_\_

**Please attach the following:**

- Copies of any written estimates for building improvements
- Drawings that show work to be done
- Exterior colors and overall paint schemes
- Pictures of building in present condition
- Completed W-9
- Signed copy of the relevant program guidelines

Please fax your application to 620-626-0589 or bring it by City Hall. For more information, call 620-626-2257 or visit *ChooseLiberal.com*.

*Funds will be paid out once all work has been completed. Invoices or receipts must be furnished for all materials and labor. Copies of the fronts and backs of cleared checks are required for auditing purposes.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Owner Signature

\_\_\_\_\_  
Date

**For Office Use Only**

- \_\_\_ Copies of any written estimates for building improvements
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- \_\_\_ Pictures of building in present condition
- \_\_\_ Signed copy of the relevant program guidelines
- \_\_\_ Completed W-9

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Economic Development Director Signature