

MAIN STREET PORT CLINTON DOWNTOWN IMPROVEMENT GRANT APPLICATION

Business Name: _____

Name of Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Downtown Property Address: _____

List of all Property Owners: _____

What year did your business open? _____

Total Project Cost: _____

Amount of Funds Requested for this Project: _____

Amount of Personal Investment for this Project: _____

Do you have any other financing being supplied for this project? YES NO

If yes, who is supplying the financing? _____

How many years have you been a Main Street / Chamber Supporter? _____

Please give a description of the project and use of funds requested. _____

Address the project impact to your business and community. _____

Will any jobs be created? _____

How long will the project take to complete? _____

Please provide any additional information you feel is relevant to this application which would help Main Street Port Clinton in making their decision. _____

Required Attachments:

- **Estimate of costs for the project including copies of any estimates/invoices**
- **At least one picture of the current location (historical photos appreciated)**

Please note the following:

- **Project must be completed within one (1) year of grant award.**
- **Projects currently under construction and previously completed are not eligible for grant.**
- **Documentation of approval from the City's Planning Commission and Architectural Review Board is required along with all necessary permits.**
- **One (1) check will be paid to application after project is completed in its entirety.**
- **Applications received without estimate(s) WILL NOT BE CONSIDERED.**
- **Residential properties are not eligible.**

Applicant Signature

Date

Submit Applications to:
Main Street Port Clinton, Inc.
110 Madison Street
Port Clinton, Ohio 43452
info@historicportclinton.com

Questions:
419-734-5503

Deadline to Apply:
Wednesday, March 1, 2017