Galesburg Downtown Council
GDC Grant Program
APPLICATION

I.   **APPLICANT - Person or Business who will receive the Grant Funds**

Name: _____

Address: _____

Telephone: (day) _____ (eve) _____

Business EIN _____

SS # will be required on applications in which there is not an EIN.

II.   **PROPERTY - Project Location**

Address: _____

Name of Owner(s): _____

Do You?   (   ) Rent   (   ) Own

Current occupants(s) of property: _____

III.   **PROJECT COSTS**

*Total Cost of Project……………………………. $_____

IV.   Do you anticipate applying for other public funds?
(i.e. Revolving Loan Program Funding, City of Galesburg Façade Grant, TIF or Rent Reduction Grant)

(   ) Yes   (   ) No

V.   **REQUIRED ATTACHMENTS**

*Please include copies of bids, quotes, price lists, or any other documentation that will substantiate the costs of this project from at least two separate vendors. A current photo of the subject property would be appreciated.

VI.   **PROJECT DESCRIPTION**

Describe, in detail, the project that you will undertake. Include as much description as possible about the project. **Applicants must submit proper drawings, color samples, and current photos with the application. The Galesburg Downtown Council will not accept incomplete applications.** Please use a separate sheet of paper if needed.

VII.   APPLICANT(S) SIGNATURE

Applicants acknowledge they have read and accept the GDC Façade Grant Guidelines.

.

_____Date _____

_____Date _____

IMPORTANT NOTE:

1) **Grant funding will be remitted at completion of project. Work begun prior to approval is ineligible for grant funding.**
2) **All Special Service Area (SSA) projects are require d to meet Illinois Prevailing Wage Act 820 ILCS 130. Please visit** www.illinois.gov/idol/FAQs/Pages/prevailing-wage-faq.aspx **for more information.**
3) **If project has not started within 180 days from approved date, grant is voided.**

_____

( ) Approved   ( ) Denied   ( ) Returned

Grant Amount $ _____Notes:_____

:_____

GDC Board Member _____Date: _____