

### **Essex Façade Improvement Grant Application**



**INSTRUCTIONS:** Applicants must complete the form below and provide all information and documents requested. Incomplete applications will be returned. Any items which do not apply to your project should be marked "N/A".

### Applications must be submitted by Friday, March 31, 2023, at 5:00 PM.

HAVE QUESTIONS? NEED ASSISTANCE COMPLETING THE APPLICATION? Contact Director, Essex Development Initiative at <a href="mailto:chrissy.erb@chesapeakechamber.org">chrissy.erb@chesapeakechamber.org</a> or 443-317-8763 x102.

# APPLICATIONS CAN BE COMPLETED ONLINE AT <a href="https://form.jotform.com/230467740127050">https://form.jotform.com/230467740127050</a> OR PRINTED AND SUBMITTED IN-PERSON BY APPOINTMENT TO:

Essex Façade Improvement Program C/O: Chesapeake Gateway Chamber of Commerce 415 Williams Court, Suite 102 Baltimore, MD 21220

### **Business/Non-profit Information**

Legal Name of Business/Non-profit:		
Trade Name/DBA (if different than above):		
Business/Non-profit Tax ID Number:		
Business Owner/Non-Profit Leader Name:		
Business Owner/Non-profit Leader Phone Number:		
Business Owner/Non-Profit Leader Email:		
Business/Non-profit Address:		
Applicant Information (If different than Business Owner/Non-profit Leader)		
Applicant Name:		
Applicant Title/Position in Business/Non-profit:		
Applicant Phone Number:		
Applicant Email Address:		



## **Project Details**

Total Project Cost:	
Amount Requested from Essex Façade Improvement Grant	:: Amount Covered by Other Sources (if applicable):
Indicate source/s of any additional funding needed to com	plete this project (if applicable):
Estimated Project Start Date:	Estimated Project Completion Date:
Required	Documents
<ul> <li>will be made.</li> <li>DRAWINGS: Attach elevation drawings or sketches of mockups.</li> <li>CONTRACT BIDS/ESTIMATES: Attach two (2) itemize contractors.</li> <li>MATERIALS: Attach list of the types of building materials.</li> <li>CERTIFICATE OF INSURANCE: Attach a current copy of LETTER OF PERMISSION (if applicable): If Business O</li> </ul>	property showing the area where proposed improvements of the proposed improvements, or project improvement d estimates for proposed work by licensed and insured erials to be used for the improvements, and proposed colors of your Business's/Non-profit's Certificate of Insurance. wher/Non-profit Leader and property owner are different, owner. (Sample Letter is available by contacting Director,
Applicant (	Certification
Commerce to encumber funds for my/our project and stipul further agree, upon completion of the façade improvements	Baltimore County Department of Planning. I/we will begin has been reviewed and approved by both the Façade
Applicant Signature:	Date: