Galesburg Downtown Council GDC Grant Program APPLICATION

I.	APPLICANT - Person or Business who will receive the Grant Funds Name:			
	Address:			
	Telephone: (Business)(Mobile			
	Business EIN (SS# if no EIN)			
SS # will be required on applications in which there is not an EIN.				
II.	PROPERTY - Project Location			
	Address:			
	Name of Property 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 or TIF)			
	() 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 as well as a rendering of the finished project are required.

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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.

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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 <u>www.illinois.gov/idol/FAQs/Pages/prevailing-wage-faq.aspx</u> for more information.

3) If project has not started within 180 days from approved date, grant is voided.

	() Approved	() Denied	() Returned	
Grant Amount S	δ	Notes:		_
:				
GDC Board Me	ember		Date:	_