

# Whitehall Tax Increment Finance Authority Façade Grant Program Application

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

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

Business Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Project Scope (describe proposed project): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Cost (attach contractor's estimates): \_\_\_\_\_

Amount of Grant Request: \_\_\_\_\_

Project Start and Completion Dates: \_\_\_\_\_

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

TIFA Directors Review and Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TIFA Board Action: \_\_\_Approved \_\_\_Denied

Chairpersons Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Awarded, Conditions Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach Elevation Photos or Drawings to Illustrate Before and After Depictions