

# y 7 k Grant Programs APPLICATION



**Daytona Beach CRA**

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Telephone (Business /Cell ) \_\_\_\_\_

Federal I.D. Number \_\_\_\_\_

Project Description: \_\_\_\_\_

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**Building Proposed Improvements:**

	Improvement	Total Cost	Match	Grant
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
4.		\$	\$	
5.		\$	\$	
6.		\$	\$	
7.		\$	\$	
8.		\$	\$	

Estimated Construction Time: \_\_\_\_\_ days      Estimated Completion Date: \_\_\_\_\_

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

**FOR OFFICE USE:**

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**Application Checklist:**

- \_\_\_ Proof of Ownership
- \_\_\_ Written Consent of Owner
- \_\_\_ Completed application form
- \_\_\_ Two work estimates
- \_\_\_ Applicant does not owe the City
- \_\_\_ Photograph of the existing building
- \_\_\_ Drawings of proposed improvements

**Approval:**

Application received by: \_\_\_\_\_  
 Improvements meet Design Standards:  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Redevelopment Director Approval:  
 \_\_\_\_\_ Date \_\_\_\_\_