



## Grant Application

### SECTION I

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

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email (required) \_\_\_\_\_

The Applicant is \_\_\_\_\_ Property Owner \_\_\_\_\_ Business Owner \_\_\_\_\_ Other (specify)

Do you lease/rent? ( ) Yes ( ) No If yes, when does your lease expire? \_\_\_\_\_

Length of time doing business at your present address? \_\_\_\_\_

Building Owner (if different from applicant) \_\_\_\_\_

### SECTION II

The following are required with your application. Please check that you have included them.

\_\_\_\_\_ Two color photos showing the existing building and/or property conditions.

\_\_\_\_\_ Any sketches of the proposed project such as measured plans, site plans, etc.

\_\_\_\_\_ Paint color samples, if painting is part of the project.

- \_\_\_\_\_ Awning colors and materials, if part of the project.
- \_\_\_\_\_ Completed Project Form (attached).
- \_\_\_\_\_ A one to three page description of the project (please attach).

**SECTION III**

Please check which improvements you will make under this grant:

- \_\_\_\_\_ Removal of old materials - Please specify what will be removed \_\_\_\_\_
- \_\_\_\_\_ Safe cleaning of brick or stone exteriors
- \_\_\_\_\_ Repainting
- \_\_\_\_\_ Repair/replacement of exterior doors or windows
- \_\_\_\_\_ Installation of canvas awnings
- \_\_\_\_\_ Repainting of brick facades
- \_\_\_\_\_ Installation of a permanent sign
- \_\_\_\_\_ Historic reconstruction
- \_\_\_\_\_ Landscaping
- \_\_\_\_\_ Sidewalks
- \_\_\_\_\_ Paving of parking areas
- \_\_\_\_\_ Removing old concrete foundations
- \_\_\_\_\_ Replacing concrete or asphalt with green space
- \_\_\_\_\_ Install, repair or replace exterior lighting
- \_\_\_\_\_ ADA compliance
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**SECTION IV**

How much do you estimate the total project will cost? \_\_\_\_\_

How long do you estimate it will be until you start the project? \_\_\_\_\_

How long do you estimate it will be until you complete the project? \_\_\_\_\_

I understand that CEDF must pre-approve project design characteristics? ( ) Yes ( ) No

I understand that CEDF must pre-approve changes made during construction? ( ) Yes ( ) No

**SECTION V**

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

Building Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If different from applicant)

Return the original, completed application, along with all necessary attachments, to

**Crossett Economic Development Foundation**

**125 Main Street**

**Crossett, AR 71635**

No fax or email applications will be accepted.

If you have any questions about the grant application process, please contact Cherub Alford, Crossett Economic Development Foundation, (870) 364-8745.

# Project Form

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

List of Eligible Project Expenses (include materials, supplies, paid labor and rented equipment)

VENDOR	EXPENSE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expected Project Invoices \_\_\_\_\_

Property Owner's Amount (Minimum of 50%) \_\_\_\_\_

CEDF's Amount (Maximum of 50% or \$2,500 whichever is less) \_\_\_\_\_