
APPLICATION FOR DESIGN ASSISTANCE PROGRAM

Financial Statement

A financial statement is attached.

Signature

Date

Printed Name / Title

Small Business Verification Statement

I hereby certify that my business employs 30 or less full-time equivalent employees.

Signature

Date

Printed Name / Title

Reimbursement Agreement

_____ agrees to complete this project within 12 months of grant award. In the event that this project is not completed within this timeframe, applicant agrees to reimburse the City the cost of the grant.

Signature

Date

Printed Name / Title

APPLICATION FOR DESIGN ASSISTANCE PROGRAM

Compliance Agreement

_____ must complete project within guidelines of the City's land use map and all applicable building and zoning requirements

Signature

Date

Printed Name / Title

For office use only:

Business District	Yes	No
Location	_____	_____
Source of Funds	CDBG	Other
Fund Code	_____	_____
Date App Received	_____	_____
Date Processed	_____	_____
Amount Reimbursed	_____	_____
Date CO Issued	_____	_____