



**BUSINESS FAÇADE IMPROVEMENT PROGRAM**  
**APPLICATION**

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

1. Mailing Address: \_\_\_\_\_

2. Email Address: \_\_\_\_\_

3. Phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

4. Business Name and Contact Person: \_\_\_\_\_

5. Business Address of proposed work: \_\_\_\_\_

6. Does the applicant own the building: \_\_\_\_\_ Yes \_\_\_\_\_ No

***(If no, please attach a letter from the building owner evidencing a commitment to the applicant)***

7. Project Summary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(If more space is needed, please attach an additional sheet of paper with 6. Project Summary at the top)***

8. Estimated Total Project Cost: \$ \_\_\_\_\_ (Please attach quotes, estimates and/or bids)

9. Total Amount Requested: \$ \_\_\_\_\_ (Minimum request \$250; Maximum request \$1000; Maximum percentage of assistance per building cannot exceed 50% of total project cost)

10. Contractor Name: \_\_\_\_\_

11. Contractor Address: \_\_\_\_\_

12. Proposed project start date: \_\_\_\_\_ Proposed project completion \_\_\_\_\_

**Applicant Certification(s):**

\*I, the undersigned certify that I have the authority to sign this application, that the information submitted is true and accurate to the best of our knowledge, that we have read, understand, and that we will comply with the program guidelines. I understand that this application will be reviewed based on the information provided herein and that if the final project does not meet minimum program guidelines the EDA reserves the right to deny reimbursement.

\*I hereby agree that work stated by the contractor has been completed and has been paid in full. It is understood that the actual amount disbursed from the Lewiston EDA will be based on the results of inspection by the EDA/City Staff. I further understand that the City of Lewiston or the Lewiston EDA assumes no responsibilities for the work performed and does not warrant any work performed.

\_\_\_\_\_  
Name/Title (Printed)

\_\_\_\_\_  
City Administrator, Signature

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Date of EDA Approval

**Please return form to:**

City of Lewiston  
75 Rice Street, PO Box 55952  
Lewiston, MN 55952  
(507)523-2257