



# Emmaus Design Challenge Grant Program For Storefront and Façade Improvements

Date Received:

\_\_\_\_\_

## Application

DATE SUBMITTED: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB: \_\_\_\_\_

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LOCATION OF BUILDING: \_\_\_\_\_

APPLICANT IS A:

Building Owner \_\_\_\_\_

Building Tennant \_\_\_\_\_

If APPLICANT IS BUILDING OWNER

Current Tenants:

1. \_\_\_\_\_ Lease Expires: \_\_\_\_\_

2. \_\_\_\_\_ Lease Expires: \_\_\_\_\_

3. \_\_\_\_\_ Lease Expires: \_\_\_\_\_

**IF APPLICANT IS A BUILDING TENANT:**

**Landlord's Name (written letter of approval must be included):** \_\_\_\_\_

\_\_\_\_\_

**Landlord's Address:** \_\_\_\_\_

\_\_\_\_\_

**Landlord's Phone #:** \_\_\_\_\_

**How long has applicant been at present location?** \_\_\_\_\_

**When does your lease expire?** \_\_\_\_\_

**SELECTED CONTRACTOR INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Total Construction Cost:** \_\_\_\_\_

**2<sup>nd</sup> COST ESTIMATE PROVIDED BY (REQUIRED):**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Total Construction Cost:** \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

**Written Description of Work** \_\_\_\_\_

**Current Pictures of Building (color preferred)** \_\_\_\_\_

**Scale Drawings of Proposed Improvements (if applicable)** \_\_\_\_\_

**Landlord Letter of Approval (if applicable)** \_\_\_\_\_

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**DISCLAIMER:**

I hereby certify that all information contained in this application is accurate and true to the best of my knowledge.

This application is not a final commitment by either party to undertake, nor to pay for, any renovations, but a strong indication by the APPLICANT of his/her willingness to undertake renovations in accordance with the Emmaus Design Challenge Grant Program policies, procedures and design guidelines.

The APPLICANT desires to pursue the program by participating in the design and bidding phases of the program.

The APPLICANT will be notified of the committee's decision as to whether or not APPLICANT qualifies for participation.

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_