2026 Facade Grant Application

Applicant Information

Building Owner	
Building Address	
Parcel Number	
Phone	
Email	
Hours of Operation	

Architect, Engineer or Contractor Information

Company Name	
Contact Person	
Address	
City, State, Zip	
Phone	
Email	

Budget Form

List the expense description, amount requested, and row total. Add additional sheet(s) if needed.

Expense Description	Grant Request	Cash Match	Row Total
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
Total	$	$	$

Agreement and Signature

By submitting this application, I affirm that the information set forth in it is true and complete. I understand submission of an application does not constitute a guarantee for funding from the program. If this application is accepted, the applicant will be required to enter into a Grant Agreement with Main Street Elkader.

Name (printed)	
Signature	

Thank you for completing this application form and for your interest in improving the Main Street District! If you have questions about this application or the Program Guidelines, please contact:

Maggie Sommers, Main Street & Economic Development Director
mainstreetelkader@gmail.com