



**COMMERCIAL MATCHNG GRANT PROGRAM
FOR
BUILDING AND FACADE IMPROVEMENTS**

Application

Applicant Name: _____

Business Name: _____

Property Address: _____

Applicants Phone Number: _____ Alternate: _____

Describe Briefly Improvement Project: _____

Completion Date: _____ Completion Date for Entire Project: _____

Total Project Costs: _____ Matching Funds: _____

Amount Requested: _____

I hereby submit the attached plans, specifications, and bids, and understand that these improvements must be approved by the Tecumseh Economic Development Committee . No work shall begin until I have received approval from the Committee, and all alterations or improvements have already been Approved by the Architectural Review Board. I further understand that the project must be completed within the designated timeline set forth by the Committee prior to me accepting this award. I agree that no Grant Monies shall be paid out until the project is complete and all receipts have been accepted. If at any time I default on this agreement I understand that I will have to refund all or a portion of the grant award.

Signature of Property Owner(s): _____ Date: _____

Approved by: _____ Date: _____