

**Borough of Edinboro 2019 Downtown Façade Program
GRANT APPLICATION**

Date of Application: _____

Picture of Bldg. _____

BUILDING INFORMATION

Bldg. Owner Name: _____

Applicant's Contact Address: _____

Telephone: _____ Email: _____

GRANT REQUEST INFORMATION

Building address to be improved: _____

Time Period of Building (i.e. 1890s, 1920s, 1950s, etc): _____

Amount requested to be matched: \$ _____ (Max= \$2,500) Contractor: _____

Estimated total project cost: \$ _____

Description of Work:

Cost:

_____ \$ _____

_____ \$ _____

_____ \$ _____ **Total \$** _____

CERTIFICATIONS

The undersigned certifies that to the best of his or her knowledge and belief, all information contained in this Application and in any accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the Borough of Edinboro immediately of any material changes in this information. The undersigned also authorizes the Borough to contact any bank and trade creditors it deems necessary without further notice.

I certify that I am current on all Edinboro municipal, General McLane School District, and County taxes.**

I certify that I have sufficient funds to complete the project.

I certify that I am the building owner or have provided written consent from the building owner.

I certify that I have read and agree to the Terms and Conditions of the 2019 Façade Program.

I understand that I am not to begin the project until notified by the Borough of Edinboro to do so.

Authorized Signature _____ Date _____

****Only property owners who are current on all Municipal, School, and County taxes may take advantage of this grant program.**