CITY OF
ARAPAHOE
EST. 1871
NEBRASKA

Application Façade Improvement Grant
Please complete the Entire Form. Do not Leave any Questions Blank

A. Grantee Information:

Property Owner Applying for Assistance:_____

Federal ID #: _____ SS #_____ DL# _____

Mailing Address: _____ Property Address _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone Number: _____

Email Address: _____

Web Address: _____

Business Classification: __Manufacturing __Warehousing & Distribution __"S" Corporation __Service __ Retail __R&D __Tourism __ Administrative Management Headquarters __Telecommunications __ Other, Please explain _____

Business Organization: __Sole Proprietorship __General Partnership __"S"Corp __"C"Corp __Limited Partnership __Limited Liability Company __Limited Liability Partnership

Does the Business have a parent or subsidiaries? __Yes __No

> If Yes, Identify Name:_____
> Address: _____
> City-State & Zip _____

B. Project Information
Total Cost of Project:_____

Please explain the project and costs. Include drawings, architectural renderings, pictures and color samples. Attach certified bids from two (2) contractors or a summary explaining why two bids were not possible. Two bids are required for any project over $2,500. Please explain how your project will contribute to the business improvement/beautification in Arapahoe. The maximum contribution for this grant is 50% up to $5,000.

> Project Location:
> __Within the City Limits of Arapahoe, NE
> __ Outside the City Limits, but within Zoning Jurisdiction of Arapahoe, NE
> __ Outside of City of Arapahoe Zoning Jurisdi8ction, but within Furnas County.

The above information is accurate to the best of my knowledge and belief. The information is provided to help you evaluate the feasibility of obtaining public financial assistance. I further authorize release of personal information regarding the improvements made to my building using local tax funds and authorize the City of Arapahoe to release pictures of my property in future publications.

Date: _____ Signature: _____
Date: _____ Signature: _____
Date: _____ Signature: _____