



FACADE GRANT APPLICATION

Name of Applicant:		Date Submitted:	
Applicant Street Address:		Telephone:	
Mailing Address (if different from above):		Email:	
Business Name:		Tax ID #:	
Building Owner (if different from above):		Telephone:	
Building Address:			
Building Historic Name (if known):			
Brief Description of Project: (What you are doing and what you would like the DTMC grant to cover)			
Total Project Cost	Estimated Start Date	Estimated End Date	Grant Request Amount

Current Use of Building:

Known Modifications to Building:



Proposed Project Financing

Estimated Costs (itemized) – Column 1		Proposed Sources of Funding – Column 2	
1.	\$	Cash or Equity	\$
2.	\$	Private Loans	\$
3.	\$	Grants	\$
4.	\$	Other (specify)	\$
5.	\$	DTMC Request	\$
6.	\$		\$
7.	\$		\$
Total Project Cost	\$	Total Sources of Funding*	\$

*Total Sources of Funding must equal Column 1

<p>The statements made herein are true and represent an accurate and full disclosure of all appropriate information as of this date. Applicant understands that DTMC will retain this application and other information DTMC receives, whether or not this request is approved. Applicant agrees to enter into an agreement with DTMC and to work cooperatively with DTMC on this project, if funded.</p>	
Applicant Signature	Date

Return to:
DTMC
PO Box 182
Monroe City, MO 63456
OR
E-Mail to: loree.quinn@alliant.bank.com
debbie.kendrick@secrealestate.com