Façade Improvement Grant/Micro-Loan

GRANT /MICRO -LOAN APPLICATION

Name of Applicant _____

Are you the property owner? _____

(If not, please provide document (letter) that shows approval from actual property owner for façade improvements)

The property street address _____

Mailing Address if different _____

Telephone number Home:_____ Work: _____

E-mail address: _____

Grant amount requested (maximum is $1,500, special cases determined by grant/loan committee) _____ (No guarantee that you will receive maximum)

In the space provided below please provide a brief description of your proposed project:

Type of façade improvement planned:

☐ Restoration ☐ Renovation ☐ Replacement ☐ Reconstruction

Signage improvement planned:

☐ Removal ☐ New ☐ Alteration ☐ Repair

Cuming County Economic Development
P.O. Box #17
West Point, Nebraska 68788
Phone: 402-372-6001
Fax: 402-372-6013
garry@cumingcountyed.com

Structural alterations: _____

Cosmetic alterations: (moldings, etc.)_____

Painting: (approximate sq. ft. area):_____

Other work: Please specify (awnings, etc.):_____

Type of façade improvement assistance need (you may request both):

☐ Matching Grant ☐ Micro-Loan

I have read the instructions and agree to use the matching grant/micro-loan money for the approved purpose in accordance with the terms of the program. I understand and agree that the CCED assumes no responsibility or liability for injuries to persons or property that result from or relate to use of the funds received by me from the CCED pursuant to this grant. I agree to indemnify and hold harmless the CCED and its officers and employees from any claims, damages, judgments or losses arising from any injuries from persons or property in connection with or related in any way to use of the funds received by me from the CCED pursuant to this grant.

Signature _____Date _____

Printed name _____

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