CBAP DOWNTOWN BEAUTIFCATION MICRO GRANT APPLICATION

All information must be completed and application submitted by 4/8/2022.

Mail to the Rush County Community Foundation, 117 N. Main Street, Rushville, IN 46173, or email to rushcbap@gmail.com.

A fillable form is available at: rushcountyfoundation.org/micro.

APPLICANT INFO		
BUSINESS NAME:		IS BUSINESS OPEN? ☐ Yes ☐ No
ADDRESS:		RUSHVILLE, IN 46173
PHONE:	EMAIL:	
CONTACT PERSON'S NAME:		
CONTACT'S PHONE:(if different)	CONTACT'S EMAIL: (if different)	
PROJECT		
AMOUNT REQUESTED: \$	TOTAL PROJECT COST: \$	
How would you use this grant to enhance signage, replace broken door handle, add		

If the full amount of funds requested is not available, would you be able to finish your project? Please explain.

PLEASE ATTACH AT LEAST ONE ESTIMATE OF THE LABOR AND MATERIALS REQUIRED.

AMOUNT YOU CAN CONTRIBUTE TOWARD PROJECT: \$_____

From my own knowledge, I certify that the information given on this application and submitted in relation to this proposal is correct.

Date Signature of person submitting application

Printed Name & Title of person submitting application ☐ As the owner/authorized representative of this business, I approve this project.		
Date	Owner/authorized Signature (if different from above)	
Printed Name & Title (if differen	t from above)	
, , , , , , , , , , , , , , , , , , ,	or a larger grant for façade repairs, please visit OCRA's Historic Preservation gov/ocra/historic-renovation-grant-program/.	