

SPRINGFIELD AREA MERCHANTS AND BUSINESS ASSOCIATION
COMMERCIAL CORRIDOR GRANT APPLICATION

Applicant's Name: _____

Name of Business: _____

Property Address: _____

Telephone: _____ Email: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone and / or Email: _____

Please attach the following:

- Description of proposed work
- Photographs clearly showing existing conditions
- Budget for proposed project
- Rendering of completed project

AGREEMENT

I understand that if my request for funding is approved, I must follow the recommendations of the SPAR Commercial Corridors Committee and comply with the following:

1. All projects must be located within the Springfield Historic District
2. Monies are for exterior projects only
3. The grant will be disbursed only upon completion of work and following review of receipts and payments made to contractors / suppliers.
4. For projects where the Applicant is not the property owner, the Applicant must obtain approval in writing that the property owner concurs with the execution of the proposed work.

Signature

Date: _____