

**EXHIBIT B
DOWNTOWN WEST BEND ASSOCIATION
FAÇADE GRANT APPLICATION**

APPLICANT INFORMATION	
Applicant Name:	
Applicant Type: <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> Permission Letter from Property Owner <input type="checkbox"/> Copy of Lease Showing 2 Years Remaining or Option to Renew	
Name of Business:	Type of Business:
Project/Business Address:	
City, State, Zip:	
Applicant Tele. #:	Applicant Fax #:
Applicant Email Address:	
Property Owner's Information (if Different from Applicant):	
Name:	
Address:	
City, State, Zip:	
Tele. #:	Fax #:
Email Address:	

PROPOSED PROJECT DETAILS	
Two color photographs attached (required): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of proposed improvement attached (required): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sketches or drawings of the proposed improvements attached (including placement, color, dimensions and materials) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check all that apply:	
Front Façade Renovation <input type="checkbox"/>	Awning Installation, Repair or Replacement <input type="checkbox"/>
Back of Building Renovation <input type="checkbox"/>	Signage Installation, Repair or Replacement <input type="checkbox"/>
Other: _____	
Estimated Total Project Cost: \$	
Grant Request: \$	
Proposed Start Date:	
Estimated Completion Date:	
In conjunction with this project are you completing any other renovation/rehabilitation work to the property (interior or exterior)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe additional work, including estimated cost: 	
Are you interested in Design Assistance (at no cost to business or property owner)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Applicant: _____	Date: _____
TO BE COMPLETED BY DWBA:	
Prospect No:	Date Submitted:
	Façade Grant Committee Meeting Date:
	Approved or Denied: