

Business Incentive Grant Programs

APPLICATION



Type: Business Façade Grant Leasehold Improvement Grant

Redevelopment District _____

Daytona Beach CRA

Business (Tenant) _____ Business (Grant) Address _____

Contact Name _____ Telephone (Business /Cell) _____

Federal I.D. Number _____

Property Owner _____ Telephone (Business /Cell) _____

Description of Business: _____

_____ New or Existing Business

Building Proposed Improvements:

	Improvement	Total Cost	Match	Grant
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
4.		\$	\$	
5.		\$	\$	
6.		\$	\$	
7.		\$	\$	
8.		\$	\$	

Estimated Construction Time: _____ days Estimated Completion Date: _____

Property Owner Approval: _____ Date: _____

Applicant Signature: _____ Date: _____

FOR OFFICE USE:

- Target Area
- Target Business (See List)
- Eligible Projects

Application Checklist:

- Proof of Ownership
- Written Consent of Owner
- Completed application form
- Two work estimates
- Applicant does not owe the City
- Photograph of the existing building
- Drawings of proposed improvements

Approval:

- Application received by: _____
- Improvements meet Design Standards:
_____ Date _____
- Redevelopment Director Approval:
_____ Date _____