

50th Anniversary Façade

Market Street Restoration Grant Application Form

Applicant	Inform	ation
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Name(Individual/Organization):		
Address:		
Phone:	Email:	
Project Site Address:		

Ownership Status:

 \Box Owned \Box Leased

(If leased, provide documentation of the lease and owner's consent for the project.)

Project Information: Project Category (Please select one):

Small-Scale Projects:
5 grants are available at \$10,000* each, with a 1:1 dollar match requirement.

□ Medium-Scale Projects:

2 grants are available at \$25,000* each, with a 1:1.5 dollar match requirement.

□ Large-Scale Project:

1 grant is available at \$50,000*, with a 1:2 dollar match requirement.

*15% of each award will be allocated toward the cost of the design services.

Attachments:

Please attach the following documents to your application:

- $\hfill\square$ Brief overview of your facade renovation project and timeline
- \Box Photographs of the current façade
- \Box Documentation of owner's consent (if leasing)
- \Box Project budget w/ quotes and estimates
- \Box Proof of matching funds availability

Declaration:

I/We certify that the information provided in this application and attachments is accurate and complete to the best of my/our knowledge. I/We understand that any funding awarded is subject to the terms and conditions outlined by the Market Street Restoration Agency.

Signature:	Date:
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Please submit your completed application and attachments BY APRIL 30, 2024

Kristen Brewer at kristen@gafferdistrict.com, or you may drop off hard copies at the Gaffer District drop box at the alley entrance of 1 West Market Street, Corning, N.Y.