

FAÇADE IMPROVEMENT GRANT APPLICATION

Name:			
Business:			
Gaffer District Address:			
Home Address:			
Phone:	_ Fax:	Cell:	
E-mail:			
Have you received a grant f	from Corning's Gaffe	er District or MSRA since 20	016: yes 🛭 no 🗈
Project Description:			
Estimated Project Cost:			

Attach copies of contractors estimate(s) (may be submitted at a later date if not known at this time.

In order for this grant to be approved, the proposed work must be approved by Corning's Gaffer District prior to, and following implementation to make sure that the work meets Corning Gaffer District's objectives, technical specifications and appropriateness to Market Street (this includes color selection, mortar specifications and window repair/replacement).