|  |  |
| --- | --- |
|  | Return To:City of Pocahontas23 W Elm AvePocahontas, IA 50574Date Application Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Application Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**POCAHONTAS SIGN GRANT PROGRAM**

CONTACT INFORMATION

Contact Name for Project Date

Mailing Address Phone

Applicant is: 🞏Owner 🞏Tenant 🞏Other, please specify

BUSINESS INFORMATION

Name of Business Nature of Business

🞏Individual/Sole Proprietor 🞏Corporation 🞏Partnership, please list partners

🞏Other, please specify

🞏Yes 🞏No Is this a new business? If no, how long have you been in business?

🞏Yes 🞏No Is this business relocating from another location?

 If yes, what is the current address?

BUILDING INFORMATION

Street address of building or establishment for which grant is sought

Owner’s name, mailing address, and daytime phone if different from applicant

Owner’s Name Mailing Address Phone

PROPOSED USE OF FUNDS

Please attach drawing or picture of proposed signs with sign dimensions

 Estimated Cost

🞏 Sign Costs (including installation) $

Grant Amount Requested $

NOTE: The applicant must provide narrative of scope of work, estimates of costs, executed lease or evidence of property ownership and, upon completion, a copy of the contractor’s waiver of lien for evidence of payment.

STATEMENT OF UNDERSTANDING

1. The applicant (undersigned) agrees to comply with the guidelines and procedures of the Pocahontas Sign Grant Program.
2. The applicant understands that he/she must submit copies of the contract for work and invoices upon completion of the approved improvements.

Signature Date