



"The mission of Clarence Main Street is to be a partner and advocate for the energizing of our Historic Main Street District; with a focus on small business growth and the social vitality of our community."

UPLIFT

Clarence Main Street Commercial Curb Appeal Grant Application

NAME(S) OF APPLICANT(S): _____

CONTACT PERSON: _____ PHONE(S): _____

E-MAIL: _____

BUILDING/BUSINESS NAME: _____

BUILDING/BUSINESS ADDRESS: _____

MAILING ADDRESS: _____
(if different from above)

NAME(S) OF PROPERTY OWNER(S): _____
(if different from applicant)

MAILING ADDRESS: _____

BRIEF DESCRIPTION OF THE PROPOSED PROJECT. ATTACH BASIC DRAWINGS AND A LIST OF MATERIALS TO BE USED. Use additional space if necessary: _____

GRANT AMOUNT REQUESTED: \$ _____ TOTAL ESTIMATED PROJECT COST: \$ _____

I/we, _____ submit this application in good faith and agree to abide by the Clarence Main Street Uplift Grant requirements, standards and timeframes.

Dated: _____

Applicant(s) and Property Owner(s) signatures as applicable:

Signature Title

Signature Title

Signature Title

Signature Title

Submit Application by mail to: Clarence Main Street, PO Box 44, Clarence, IA 52216

E-mail: clarenciamainstreet@gmail.com

Walk in delivery to: 515 Lombard St., Clarence

Phone: (563)265-0711

FOR OFFICE USE ONLY

Received: _____

Project Interview conducted: _____

Zoning/property tax status reviewed: _____

Approval received from: CMS Uplift Grant Committee: _____

CMS Board: _____

