

New York Mills Economic Development Authority (EDA)
Downtown Matching Grant Program

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Email: _____

Owner Name: _____ (if different)

Owner Phone: _____ (if different)

Building Address: _____

Property Parcel ID: _____

Proposed Start Date: _____ End Date: _____

Written Narrative for Scope of Project (detail all work proposed to be completed):

Checklist for Application:

- Fully completed application
- Plans, specifications, and designs for the proposed work to be completed
- If tenant, letter of support from owner authorizing work to take place
- Completed budget worksheet

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Budget Worksheet

Exterior Project Costs:

Masonry work	\$ _____	Carpentry	\$ _____
Awnings/canopy	\$ _____	Siding	\$ _____
Windows	\$ _____	Signage	\$ _____
Doors	\$ _____	Landscaping	\$ _____
Entryway/threshold	\$ _____	Restoration/rehab	\$ _____
Painting	\$ _____	Other (specify)	\$ _____

Total Estimated Cost \$ _____

By signing below I agree that all information herein is true and correct to the best of my knowledge. I authorize the New York Mills Economic Development Authority and City Council to use this provided information to make decisions and understand that I may not receive any loan funds. I also attest that I am the owner and operator of a business in greater New York Mills Downtown Area and will use any allocated funds as appropriately defined in the policy.

Signature, Title

Date

Printed Name