

STREETScape BEAUTIFICATION GRANT PROGRAM APPLICATION

PART I

NAME OF BUSINESS:

CONTACT PERSON: _____

ALTERNATE CONTACT PERSON: _____

PROJECT ADDRESS:

PHONE NUMBER: _____ E-MAIL: _____

PROJECT LOCATION AND DESCRIPTION:

THE PROPOSED PROJECT IS (circle one): NEW EXISTING

ANTICIPATED START / COMPLETION DATES

START: _____ COMPLETED: _____

PART II

Submit a photograph(s) of the project area to be improved.

