



My Downtown Beautification Micro Grant

Applicant Information

Full Name: _____ Date: _____
 Name: Last First

Company Name: _____

Address: _____
 Street Address Apartment/Unit #

_____ City State Postal Code

Phone: _____ Email _____

Project Information

Eligible Funding Components

| Description | Estimated Material/Project Costs |
|-----------------------|----------------------------------|
| | |
| | |
| | |
| | |
| Total Funding Request | \$ |

Non-Eligible Funding Components and/or Labour

| Description | Estimated Material/Project Costs |
|-------------|----------------------------------|
| | |
| | |
| | |
| | |

Required Documentation

| | |
|--|---|
| | Photos of existing building storefront (before project) |
| | Photos/drawings of renderings of proposed components |
| | Quotes for all proposed components |

TERMS & CONDITIONS

I _____ of _____

have read the complete application and concur with and give my consent to the work proposed in the application.

I will display signage provided by the Sechelt Downtown Business Association to promote the Beautification Micro Grant Program on the exterior of the building for a mutually agreeable period not to exceed three months after completion of project.

I agree not to involve Downtown Sechelt in any legal action between myself and any contractors, estimators, employees, workers or agents arising from or out of this beautification project.

Payment of approved grants will be made upon the applicant providing proof of completion of the proposed improvements along with verification of expenditures. Please scan and email application or mail application to PO Box 442 Sechelt, BC V0N3A0 or deliver to unit 203 5760 Teredo St. Sechelt BC.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Contact:
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 Executive Director
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 604-885-9611