



EDSON STREETScape BEAUTIFICATION GRANT

FUNDING APPLICATION FORM

DATE:	<input type="text"/>
BUSINESS NAME:	<input type="text"/>
BUSINESS TELEPHONE:	<input type="text"/> BUSINESS FAX NUMBER: <input type="text"/>
BUSINESS MAILING ADDRESS:	<input type="text"/>
BUSINESS STREET ADDRESS: (if different from mailing address)	<input type="text"/>
DETAILS OF CONTACT PERSON: (Name, cell phone number, email)	<input type="text"/>
ESTIMATED TOTAL COST OF PROJECT:	\$ <input type="text"/>
ESTIMATED DATE PROJECT TO COMMENCE:	<input type="text"/>
ESTIMATED DATE PROJECT TO BE COMPLETED:	<input type="text"/>

Does your business face onto 2<sup>nd</sup> or 4<sup>th</sup> Avenues, Main (50<sup>th</sup>) Street between 1<sup>st</sup> and 7<sup>th</sup> Avenues, or 3<sup>rd</sup> Avenue between 48<sup>th</sup> Street and 52<sup>nd</sup> Street?  YES  NO

Have you enclosed concept drawings of your beautification plan?  YES  NO

Are you the property owner?  YES  NO (if no, owner must endorse below)

I have read and agree to the terms & conditions of the attached agreement.

Signature of Property Owner (if applicable)

Signature of Applicant

Applicants Clearly Printed Name

DATE:



**PLEASE NOTE THAT** ANY PERSONAL INFORMATION THAT YOU PROVIDE TO OUR OFFICE IS BEING COLLECTED UNDER THE AUTHORITY OF SECTION 32 (C) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY IN ACCORDANCE WITH THAT ACT.

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OFFICE USE ONLY

SIGNATURES REQUIRED

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<input type="text"/> Director of Community Services  Date: <input type="text"/>	<input type="text"/> Development Officer  Date: <input type="text"/>
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