

**DOWNTOWN STOREFRONT ACTIVATION GRANT PROGRAM**  
**APPLICATION FORM**

Please answer all fields of the required sections of this application form. Additional information may be provided in an attachment. Sections A, B, and E are required for all Applicants. Applicant should complete section C or D, accordingly. Any application with missing information will be deemed incomplete.

**A. Applicant Information**

**Applicant Name.** First and Last name of the person filling out this application on behalf of the business or non-profit

**Contact Information.** Provide the best contact number (xxx-xxx-xxxx) and email address

**B. Storefront Location Information**

**Location Address**

**Usable Square Feet**

(Usable Square Feet does not include common areas vs. Rentable Square Feet does include common areas.)

**How long has the location been vacant?**

**Hours of Operation for New Location**

**Landlord Information.** Please provide complete contact information.

**Company**

**Contact Person**

**Contact Number**

**Contact Email**

**Mailing Address**

If applying as a business, please complete section C. If applying as a non-profit, please complete section D.

**C. Business Applicant Information**

**Doing Business As "DBA"**

**Registered Business Name. Registered on Business License**

**Relationship to Business.** The person applying on behalf of a business must have a signature authority for the business. Please select the option that best first your relationship to the business.

Owner/Founder

General Manager

Other

**Federal Employer Identification Number (FEIN)**

**Type of Business**

**Number of Years in Business**

If "other", please specify

**Total Number of Open Locations**

**Address of Open Location(s)**

**Number of Years in Operation**

1

2

3

4

5

Year 2021

**Annual Gross Income**

\$

**Annual Gross Profit**

\$

**Website:**

**Twitter:**

**Facebook:**

**Instagram:**

**TikTok:**

**Other:**

**D. Non-Profit Applicant Information**

**Doing Business As "DBA"**

**Non-profit Name As Registered On Business License**

**Relationship to Non-profit.** The person applying on behalf of the non-profit must have a signature authority. Please select the option that best first your relationship to the non-profit.

Board Member

Executive Director

Other (please specify)

**Federal Employer Identification Number (FEIN)**

**Type of Non-profit**

**Number of Years in Operation**

**Non-profit Mission Statement**

**Non-profit Vision Statement**

Previous Year

**Annual Gross Revenue**

\$

To-date

**Funding in Reserves**

\$

Website:

Twitter:

Instagram:

Other:

Facebook:

Tik Tok:

### E. Narrative Information (Required of All Applicants)

This grant application will be evaluated based in-part of the quality of response to the below questions.

**Questions about the Grant.** Use the space below to submit questions about the program.

**About the Business or Non-Profit.** Please use the space below to describe the business or non-profit. Include details about products and services offered, customer base or population served, when the business or non profit was started; Tell us the story of the business or non-profit.

**Building Improvements.** Please use the space below to describe the permanent improvements/renovations/rehabilitation activities that will be done to the location.

**Storefront/façade Improvements.** The grant requires applicants to focus on the appearance of the storefront. Please describe current conditions and all improvements that will be made to the storefront and how the storefront meets the qualitative criterion of the Prominent Storefront Activation Requirement section. Refer to the Program Overview.

**Storefront Security Features.** Please describe the indoor and outdoor security features and location of such features that are to be installed at the location. Reference the Storefront Safety Plan Requirement section in the Program Overview.