

## **Business Improvement Grants (BIG)**

1. Must be located within the Enterprise Zone
2. Must be for store front enhancement and beautification. General maintenance purposes alone are not eligible. Beautification and aesthetic appeal shall be primary purpose.
3. Eligible grantees can be business owners and/or property owners.
4. Grants applications shall be submitted by the first Monday in May and awarded by the last Friday in May of each fiscal year.
5. Grant applications shall be rated by a three person panel appointed by the Mayor. Members of the panel must be town residents or town business owners and cannot be a current applicant. They may have been previous applicants.
6. Applicants must fill out an application form.
7. Applications must include "Before" and "After" pictures demonstrating the improvement.\*
8. Applications must clearly identify work done with a narrative discussing and outlining the improvements made.
9. The panel may award up to a \$1000 matching grant to applicants in accordance with their ratings and review. Lesser grants may be awarded.
10. Total awards will be "capped" at the amount budgeted for that given fiscal year.
11. Applications not funded may be resubmitted the year following their original submission for funding. However, if not funded after second review, they are ineligible for further funding consideration.
12. Improvements must be finished prior to receiving grant consideration and will be funded in year of completion except in cases of subsequent year review.

\*Before pictures waived for FY 13 because work already completed prior to funding guidelines.

Revision date: 11/13/12

# Application for Business Improvement Grant

FY \_\_\_\_\_

1 Name of Business or Property Owner: \_\_\_\_\_

2 Address: \_\_\_\_\_

3 Tax Map ID: \_\_\_\_\_

4 Please Describe Improvements: \_\_\_\_\_

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5 Date Construction Began: \_\_\_\_\_

6 Date Construction Finished: \_\_\_\_\_

Please attach before and after pictures, as well as Building Permit and Certificate of Occupancy, if any.

7 Please attach copies of bills, invoices or contracts that evidence cost of improvements

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Review Comments Only:**

FY: \_\_\_\_\_ Amt of Recommended Award: \_\_\_\_\_

Award Committee Chair Signature: \_\_\_\_\_

Date Approved by Council \_\_\_\_\_

Council Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Award Committee Vote: \_\_\_\_\_ Yea \_\_\_\_\_ Nay

Final Award Amount: \_\_\_\_\_

Clerk/Treasurer Certification: \_\_\_\_\_