



APPLICATION

Date: _____

Please print clearly and answer all questions. All applications go through a review process. Once your application has been accepted you will be notified. **Additional information may be required before you are approved for a grant.**

Applicant Information:

Building Owner

Tenant

Company/Owner/Tenant Name _____

Company Address _____

Address of Subject Property _____

Contact Person _____ Email Address _____

Phone Number _____ Fax Number _____

Building Owner Information (if different from applicant):

Contact Person _____

Contact Address _____

Email _____ Phone Number _____

Fax Number _____

Owner is aware of the application. Yes _____ No _____

Are there any delinquent taxes on the subject property, against the property owner, or against the tenant?
Yes _____ No _____

Are there any known code violations or like issues affecting the subject property?
Yes _____ No _____

Is your storefront part of a multiple storefront building? Yes _____ No _____

Does your storefront have exterior roll-down grates? Yes _____ No _____

*Please note that the grant amount may be taxable. Please consult your tax advisor.

Please submit the following information with your application:

- Photographs clearly showing existing conditions of the building to be improved
- Project budget; budget should show the 25% matching funds that is required
- Attach a written description of your project

Please submit any of the following additional information that would help us understand your project:

- Scaled design plan (s), drawings or sketches showing the proposed improvements on the building and placement of other features around the building
- Cost estimate from contractor (if used), including contact information for the contractor (please attach)
 - Estimates should be on contractor’s letterhead
 - Two estimates are needed for projects over \$7,500
- Cost estimate for products/materials

Projected Start Date _____ Expected Completion Date _____

Total Estimated Cost of Project _____ Grant Amount Requested _____

I agree that the information provided above and within is accurate and correct to the best of my knowledge. I also assure that my person and business are in compliance with all laws, ordinances, rules and regulations of the State of Massachusetts and the City of Springfield.

Signature of Applicant _____

If your application is approved, work on your project must begin within 90 days and be completed within 180 days. Applicant is not to begin any work before a contract is signed and executed *DevelopSpringfield* as well as until any and all required permits have been issued.

I have read and understand the program guidelines.
Property owner signature _____ Date _____

I have read and understand the program guidelines.
Business owner signature _____ Date _____

**Please Submit Completed Application to:
Rebecca Cappiello, CSIP Program Administrator
Western Massachusetts Enterprise Fund
4 Open Square Way
Holyoke, MA 01040
Phone: (413) 420-0183
Fax: (413) 420-0543**