

**CITY OF BEXLEY  
MAIN STREET COMMERCIAL  
REHABILITATION GRANT PROGRAM**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Name of Applicant's Business:** \_\_\_\_\_

**Owner of Building:** \_\_\_\_\_

**Address of Building:** \_\_\_\_\_

**Names of Businesses Located in the Building:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approximate Project Costs:** \_\_\_\_\_

**Amount of Grant Desired:** \_\_\_\_\_

**Name of Bank Providing Private Financing:** \_\_\_\_\_

\_\_\_\_\_  
**Bank Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Approximate time frame to complete project improvements:**

**Start Date:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

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**On a separate sheet of paper, please provide cost breakout for all project uses. All eligible costs must be exterior improvements to the building or the site. Each project must have a ratio of at least 2:1 private financing to city grant dollars. Private financing can include owner/business equity, bank loans, or other private loans. Also, please submit a site plan showing all improvements, including building elevations if appropriate.**

**If you have approval from your bank for the private financing, please provide a letter from the bank.**

**Applicant's certification: I hereby certify that all information provided to the Development Department is accurate to the best of my knowledge. I also hereby certify that I am current on all State, Federal, and local taxes.**

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**Name**

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**Date**