

GET CENTERED

## **GRANT PROGRAM**



## **PROGRAM APPLICATION**

Business Name:		
Owner's Name(s):		
Address:		
Phone:	FAX:	
Amount of funding requested:		
•	of the planned improvements and how	
will ennance the level of securit	and safety of your business:	
<ul> <li>Attach the recommendation</li> <li>Survey / CEPTED Assessment</li> </ul>	s provided by the Hampton Police follont.	wing their Security
Will the project require any spec	ial permits? YES No	)
r lease describe.		
✓ For permit information, plea	se contact Hampton's Central Permit C	Office at 728-2444.
Provide a breakdown of project	oudget:	
Total project cost: \$	(please complete the project cost breakdow	n below.)
<u>Expenses</u>	<u>Amount</u>	
Design	\$	
Installation	\$	
Materials/Equipment	\$	
Other	\$	
Funding Sources	<u>Amount</u>	
Business Owner	\$	
Coliseum Central	\$	
Other	<u> </u>	

Project schedule:		
<ul> <li>Estimated Start Date</li> <li>Estimated Completion Date</li> <li>Project Phasing (if applicable)</li> </ul>		
If you are not the building or property owner property owner to make the above described	•	building or NO
Name of Building or Property Owner:	Tel:	
If NO, please explain:		
You may use additional sheets of paper if ne also attach any additional information about to this application.		
I certify that the above information is corre requested funds will be used only for purpos		and that th

All applications must be completed and submitted to Coliseum Central Business Improvement District. Mail or fax applications to 2101 Executive Dr., Suite 550, Hampton, VA 23666, FAX, (757) 826-2784. Please contact Coliseum Central at (757) 826-6351 if you have questions.

**Date** 

Name, Title