GREASE TRAP GRANT PROGRAM APPLICATION

Leonard Community Development Corporation

1. Name of Applicant(s): _____

2. Name of Business: _____

3. Mailing Address of Applicant: _____

4. Project Address: _____

5. Does the applicant own the building? ☐ Yes ☐ No

   (If the answer to #5 is no, please provide a letter from the building owner declaring approval of the project.)

6. Estimated Project Cost: $ _____

   (Attach a detailed cost breakdown supported by one or more quotes from recognized contractors or suppliers with a written description of work to be completed. Include photo of the site to be improved and a sketch or photos of planned improvements.)

7. Total Grant Request (not to exceed 50 % of project cost)$ _____

   (Matching funds will be provided up to $7,500.00 for applicants who receive grant approval by LCDC and Leonard City Council after satisfactory inspection and completion of improvement as per agreement. Work must commence within 90 days after acceptance of grant and should be complete or significantly under progress within one year of issuance of said grant.)

8. Proposed project start date: _____

9. Proposed project completion date: _____

10. What is (are) the existing uses of the building? _____

    _____

11. Will the proposed project result in a change of the use of the building? ☐ Yes ☐ No

If Yes, please explain the change. _____

_____

12. The following are attached to this application:

☐ A written description of the proposed project

☐ A drawing or rendering of the proposed project

☐ A detailed cost breakdown of the proposed project

☐ Quotes from contractors or suppliers

☐ An approval letter from the building owner

☐ City Code/Building Inspector approval

☐ Approval from City that property is zoned for acceptable use

The undersigned applicant affirms that:

1. The information in the application is true and accurate.
2. The applicant has read and understands the conditions of the Grease Trap Grant Program.
3. The Leonard Community Development Corporation has reserved the right in its sole discretion to reject this application.

Applicant Signature: _____ Date: _____

Business Name: _____

Address: _____

_____

Phone: _____