



Black River Falls  
Downtown Association, Inc.  
P O Box 27  
Black River Falls, WI 54615  
(715) 284-2503  
info@downtownblackriverfalls.net

## Business Improvement Grant Application

1. Business Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Type of Project: Sign \_\_\_\_\_ Façade \_\_\_\_\_
4. Project Designer's Name and Phone (as applicable): \_\_\_\_\_
5. Estimated total cost of project: \_\_\_\_\_
6. Proposed project start and completion dates: \_\_\_\_\_
7. Name and Phone of Building owner: \_\_\_\_\_
8. Attachments:
  - (a) Two copies of signed contractor's estimate or two copies of itemized project cost estimate prepared by building or business owner.
  - (b) Two copies of rendered or photographic description of the improvement project.
  - (c) If tenant, two copies of letter of permission from building owner for the proposed project.

The undersigned applicant(s) affirms that the information submitted herein is true and accurate to the best of my knowledge.

(signed) \_\_\_\_\_ Date: \_\_\_\_\_

(signed) \_\_\_\_\_ Date: \_\_\_\_\_

---

---

**Office Use Only:** Application received on (date): \_\_\_\_\_

Supporting materials included: \_\_\_\_\_

Project approved (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

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