



Sherwood Business Matching Grant Application

Business Name: _____

Business Address: _____

Business Owner: _____

Tel: _____ **E-mail:** _____

Contact Person: _____

Relationship to Business: _____

Tel: _____ **E-mail:** _____

Project Description:

Include design drawings and/or color samples (swatches) if available. Provide additional materials and sheets if necessary.

Project Schedule:

Start Date: _____ **Completion:** _____

Project Benefits:

Explain how the proposed change(s) to the business will affect its operations.

Total Project Cost: _____ **Requested Funds:** _____

Additional Requirements:

- Proof of available matching funds, financing, or letter of credit.
- Three (3) competitive bids if total project cost is greater than \$5,000.
- Supporting documentation attached to application.

Requestor's Signature

Date

Printed or Typed Name

Staff Use Only

Staff Use Only

Staff Use Only

Received at Village Office: _____
Date

All Materials Included:

YES	NO
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Committee Use Only

Committee Use Only

Committee Use Only

Presentation Date: _____

Approved Funding

YES	NO
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Final Decision Date: _____

Amount Approved: _____