

TOWN OF MADISON
ECONOMIC DEVELOPMENT COMMISSION
Property Improvement Grant Application

1. Applicant/Business Owner Information:

◇ **Business Owner Name:** _____

◇ Business Owner Home Address: _____

◇ Business Owner Email: _____

◇ Business Owner Phone: _____ Cell _____

◇ **Legal Business Name:** _____

◇ Business Street Address: _____ Madison, CT 06443

◇ Business Description: _____

_____ (ex. Service, retail, Industrial, commercial, food, research.....)

◇ Number of Current Employees: _____

Full-Time: _____ Part-Time: _____

2. Property Owner, if different than Business Owner

Name: _____

Email Address: _____

Mailing Address: _____

Phone: _____

3. Grant Project

◇ Total expected cost of Project: _____ (ex.\$0,000)
Attach project budget and quotes from contractors or service providers to this sheet

◇ Description of business costs for which reimbursement is requested:

4. Other Required Information

◇ Business Owner current or following a payment plan on all taxes, fees in the Town of Madison:
____ Yes ____ No

◇ Property Owner current or following a payment plan on all taxes, fees in the Town of Madison:
____ Yes ____ No

◇ Property Owner is involved in litigation with Town of Madison. _____ Yes _____ No

◇ Business Owner is involved in litigation with Town of Madison. _____ Yes _____ No

Note: This information will be verified by staff prior to review of the reimbursement application.

Attachments:

Please make sure to attach the following to this application:

- Proof of business (Corp. Registration or local "Doing Business As" form) **(Required)**
- W-9 form **(Required)**
- Photos of specific area to be improved **(Required)**
- For business tenants requesting reimbursement, the written approval of the property owner **(Required)**
- Project budget and quotes from contractors or service providers - a minimum of two quotes for any work to be performed **(Required)**
- A list of any building or other permits that this project might require **(Required)**
- Narrative further explaining circumstances of grant request, no more than two pages (Optional)

Certification

By submitting this application, I/we, _____ affirm that the information included in this application, or any attachments is true and accurate to the best of my knowledge. I/we further acknowledge that failure to accurately report information contained herein may result in nullification of grant award or require repayment of the grant, if awarded.

I, _____ understand that completion and submission of this application does not guarantee favorable consideration of this request.

Authorized Signature of Applicant/Business Owner

Date

Signature of Property Owner (if different than above)

Date

Submit Applications To:

Sheri Cote
Economic Development Director
Town of Madison
8 Campus Drive
Madison, CT 06443
Phone: 203-245-5630
Email: Cotes@madisonct.org

Grant Deadlines:

Round 1 Applications due 3/1/2023
Round 2 Applications due 4/1/2023
