

New Castle Redevelopment Commission

FAÇADE MATCHING GRANT REQUEST FORM

Applicant: _____

Name and Address of Owner: _____

Name of Business: _____

Address of Grant Project: _____

Amount of Grant _____ Date Approved: _____

Once approved work is completed and paid in full, submit the following to the New Castle Clerk-Treasurer:

1. *Copies of cancelled checks as proof of payment.*
2. *Copies of all invoices for project.*
3. *Before and After Photos*
4. *Completed W-9*

I am requesting the release of funds awarded by the New Castle Redevelopment Commission for the aforementioned project. By making this request, I am declaring that the project has been completed as stated in the submitted application to the New Castle RDC Façade Grant Program Guidelines. Furthermore, I understand that the project is subject to review by the New Castle Redevelopment Commission and funds will not be released until all completed work is verified.

Signature

Date