



WYNWOOD BUSINESS IMPROVEMENT DISTRICT
SMALL GRANT APPLICATION 2022:

Applicant Contact Information:

Tenant Property Owner Both

Contact Name: _____

Mailing Address: _____

Daytime Phone: _____ E-Mail: _____

Property Ownership & Corporation Information:

Corporation Name: _____

Mailing Address: _____

Date/State of Incorporation: _____

FEIN ID: _____

Project Location & Scope of Work:

Project Address: _____

Name of Business(s): _____

Description of Business Operations: _____

Scope of Work: _____

Grant Amount Requested (\$5,000 max.): _____

Total Project Estimated Cost: _____

Three (3) Estimates for the Cost of Work Attached: _____ Yes

Photographs of Existing Conditions Attached: _____ Yes



Acknowledgements:

I, _____, as agent for _____, acknowledge that _____ is seeking financial assistance through the Wynwood *Façade Improvements Grant Program* for improvements to the real property located at _____ and must comply with the guidelines and procedures specified herein. I acknowledge that, if granted assistance through this program, I will maintain the new improvements for a minimum period of three years from completion or funding may have to be returned to the BID.

Signature/ Print Name

For: _____
Property and/or Business Owner

Date