



2018/19 FAÇADE IMPROVEMENT GRANT APPLICATION

Name: _____

Business: _____

Gaffer District Address: _____

Home Address: _____

Phone: _____ Fax: _____ Cell: _____

E-mail: _____

Have you received a grant from Corning's Gaffer District or MSRA since 2015: yes no

Project Description: _____

Estimated Project Cost: _____

Attach copies of contractors estimate(s) (may be submitted at a later date if not known at this time).

In order for this grant to be approved, the proposed work must be approved by Corning's Gaffer District prior to, and following implementation to make sure that the work meets Corning Gaffer District's objectives, technical specifications and appropriateness to Market Street (this includes color selection, mortar specifications and window repair/replacement).