

## 2019 PROPERTY IMPROVEMENT GRANT APPLICATION

Date:		Has work begun <input type="checkbox"/> yes <input type="checkbox"/> no	Building Permit acquired <input type="checkbox"/> yes <input type="checkbox"/> no
-------	--	---	---

### PROJECT DETAILS

Project location:			
Folio number:		Year built:	
Total retail (sq. Ft.):		Year open:	
Estimated Project Duration (days):		Business Type:	<i>(Restaurant, Retail, or Office)</i>
How many funds are you applying for?	<i>(cannot exceed \$50,000)</i>		
Attached itemized scope of work statement being proposed (required):	<input type="checkbox"/> yes <input type="checkbox"/> no		

### APPLICANT DETAILS

Applicant's name:		Business owner <input type="checkbox"/> yes <input type="checkbox"/> no
Applicant's address:		The property owner <input type="checkbox"/> yes <input type="checkbox"/> no
Email:		
Telephone:		

### BUSINESS DETAILS

Business owner			
Business name:			
Is business registered in the State of Florida, City of Miami and Miami-Dade County?	<input type="checkbox"/> yes <input type="checkbox"/> no		
EIN number:			
Percentage of			
Business mailing			
Business owner phone:		Business owner	
Years in Business:		Years at	
Number of jobs created or retained:			

### PROPERTY / OWNER DETAILS

Property owner name:			
Property owner address:			
Property owner phone:		Property owner email:	





## Map of Miami DDA District Boundaries

