



West Economic Development Corporation

Quality of Life Grant Application

Applicant's Business Name: _____

Applicant's Contact Name: _____ Title: _____

Phone: _____ Alt. Phone: _____

Email: _____

Physical Address: _____ City/ST/Zip: _____

Mailing Address (if different than above): _____ City/ST/Zip: _____

Applicant's years of experience in business or community volunteerism: _____

How long has this applicant been located in West? _____

Do you own or lease the facility that will benefit from the grant?

☐ Own ☐ Lease

If leased, please provide owner information and copy of your lease agreement.

Owner Name: _____ Phone: _____

Provide a description of the proposed project as **Exhibit "A"**.

What is the estimated total cost of the project? \$ _____

(Include supporting information, i.e. estimates/quotes as **Exhibit "B"**.

How much funding are you requesting from the City of West EDC for this project? \$ _____

When will the project begin? _____ What is the estimated project completion date? _____

Attach all drawings of planned improvements as **Exhibit "C"**.

Include a description of expected economic impact & quality of life improvement as **Exhibit "D"**.

If this project will employ West vendors, please supply details as **Exhibit "E"**.

Will this project create additional permanent employee positions? How many? _____

Applicant's signature: _____

Title: _____

Date: _____

OFFICE USE:

Date Application Received: _____ Date Presented to Board: _____ ☐ Approved ☐ Declined

Performance Agreement Rec'd: _____ Project Completion Date: _____

Funding Date: _____ Check Number: _____