



Spark Grant Program Application



Applicant Information

Name of Business/Organization: _____

Contact Person: _____

Email Address: _____

Telephone No.: _____

Website (if applicable): _____

Business Type: _____ For-Profit _____ Non-Profit _____ Artist/Collective

Storefront Information

Address of Storefront: _____

How long has this space been used for your business: _____

Do you have permission from the property owner to submit this application?

_____ Yes, I am a tenant or buying the property (attach Letter of Support)

_____ Yes, I am the property owner

Project Description

What will you do in the space? Describe your concept.



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What is the timeline of this project, from the date of this application until final completion?

Use of Funds

Total Estimated Project Cost: _____

Grant Amount Requested: _____

Match to be Provided: _____ Match Source: _____

Attach budget breakdown and any supporting itemized estimates/bids/quotes.

I agree to all the terms and conditions of participation in the Spark Grant Program. I understand, agree and certify that any grant funding approved by the LJURA will be used only for the purpose specified within this application, and that records can be audited or reviewed at any time to assure that this is the case. I acknowledge that failure to adhere to any of the terms or conditions of the Spark Grant Program may result in the improvements becoming ineligible for reimbursement.

Signature

Date

Printed Name

Approved By

Date