



Community Legacy Grant Application

PROJECT ADDRESS: _____

Street Address, City, State, Zip

1. APPLICANT

Legal Name of Applicant: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Tax Identification Number: _____ Website: _____

If applicant is a business, indicate the business type and attach supporting documentation (articles of incorporation, etc.):

Corporation

Partnership

Other

LLC

Sole Proprietorship

Are all of Applicant's local, state and federal taxes current? Yes No (provide explanation)

2. CONTACT INFORMATION (Primary Contact Person for Applicant)

Contact Name: _____

Title: _____

Address: _____

Email: _____

Primary Phone Number: _____

3. PROJECT INFORMATION

Project Address: _____

Tax Parcel Number: _____

Zoning of Property: _____ Building Square Footage: _____

What is your legal interest in the building?

Property Owner Tenant (if tenant, the property owner must complete an Owner Consent Form)

Have building permits been applied for? If yes, attach a copy of permit and any supporting site plans?

Yes No

Do you have site plans for the project? If yes, attach a copy. Yes No

Are there any known code violations at this site? Yes No

If yes, explain:

Provide a list of ALL occupants from the project address. Attach a separate sheet if necessary.

	Business/Tenant Name	Type of Business	Square Footage
1.			
2.			
3.			
4.			

Applicant Signature

By signing below the applicant acknowledges that they have read and understand the program guidelines for the Community Legacy Grant Program available at www.elktonalliance.org. Costs incurred prior to application approval and grant contract signing are not eligible for reimbursement. Incomplete applications cannot be considered. The applicant assures that the information contained in the application is true and correct and agrees to comply with all Town of Elkton guidelines applicable to this program. The applicant authorizes the Elkton Alliance, Inc. to use their name, likeness, photos and/or information about the project participating in the program for promotional purposes.

By signing below, the signatory acknowledges they are authorized to act on behalf of the applicant and that the applicant is properly organized and licensed to conduct business in the state of Maryland.

Applicant Name:	
Print Name:	Title:
Signature:	Date:

PROJECT ESTIMATE

DESCRIPTION OF WORK AND/OR MATERIAL (PLEASE REFERENCE APPROPRIATE QUOTE)	QUANTITY	UNIT COST	EXTENSION
FRAMING/CARPENTRY			
BRICKWORK			
PAINTING			
WINDOW REPAIR/REPLACEMENT			
DOOR REPAIR/REPLACEMENT			
SIGNAGE			
AWNING			
EXTERIOR LIGHTING			
OTHER CONSTRUCTION COSTS:			
CONTINGENCIES			
SOFT COSTS			
CONSTRUCTION PERMITS			
OTHER SOFT COSTS			
TOTAL PROJECT COSTS			

Owner Consent Form

If the applicant/primary contact does not own the property, this form must be completed by the property owner and submitted with the application. Please print or type requested information and submit it to the Elkton Alliance, Inc.

The undersigned owner of the existing building located at: _____
_____ (address) certifies that
_____ (applicant) operates or intends to operate a
business at the above location. The undersigned agrees to permit the applicant and his contractors or agents to
implement the improvements listed on the Community Legacy application form ("the application") dated
_____.

The undersigned hereby waives any claim against the Town of Elkton ("the Town") or Elkton Alliance, Inc
("Alliance") arising out of the use of said grant funds for the purposes set forth in the application. The undersigned
agrees to hold the Town and Alliance harmless for any charges, damages, claims or liens arising out of the
applicant's participation in the Community Legacy program.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this instrument to
be signed in its corporate name by its dully authorized officer and its seal to be hereunto affixed by authority of its
Board of Directors, if a partnership by its partners, if a LLC or LLP, by its members/managers, etc. the day and year
first above written.

Corporate
Seal

(Company Name) leave blank if owner is an individual

By: _____ (Seal)

Name: _____

Title: _____

By: _____ (Seal)

Name: _____

Title: _____

State of Maryland, County of _____

On this ____ day of the month of _____, 20____, before me, the undersigned officer, personally appeared
_____, known to me (or satisfactorily proven) to be the person(s) whose
name(s) is/are subscribed to within the instrument and acknowledged that they executed the same for the purposes
therein contained.

In witness hereof I hereunto set my hand and official seal.

Notary
Seal

[Signature of Notary Public]

[Name of Notary Public typewritten or printed]

My Commission expires



Community Legacy Grant Application

<input type="checkbox"/>	Complete Application
<input type="checkbox"/>	Organization Documentation (article of incorporation, LLC operating agreement, etc.) See Section 1.
<input type="checkbox"/>	Owner Consent Form - Required if applicant is not the owner of the real estate.
<input type="checkbox"/>	List of all tenants. If separate from application.
<input type="checkbox"/>	Copy of building permit. If applicable.
<input type="checkbox"/>	Statement of Project Description. A written statement of what the project will involve. Provide as much detail as possible, including what you are changing or replacing, type of new materials to be used, color, location, etc.
<input type="checkbox"/>	Drawings of Proposed Improvements. Include a concept drawing of what the site will look like a er work is completed. For larger projects involving a major scope of work will include copies of your renovation plan containing elevations and site plans. For smaller projects, a simple sketch may be appropriate at the Alliance's sole discretion.
<input type="checkbox"/>	Copy of Site Plan. If your project requires site plans to be submitted for permittng purposes, a copy of the project site plans must be included with the grant application.
<input type="checkbox"/>	Detailed Cost Estimates/Bids for Proposed Improvements. You must submit an estimate from a qualified contractor. Estimates should include all details of approved scope of work.
<input type="checkbox"/>	Photographs - Photo's of the property both before and after project shall be submitted. Digital photos prefered.

RETURN COMPLETED APPLICATIONS with all required attachments to:

Elkton Alliance, Inc.
 101 East Main Street
 Elkton, MD 21921
 office@elktonalliance.org
 T: 410-398-5076