



MUNICIPALITY OF THE DISTRICT OF CHESTER
Business Façade Program Grant
Application Form

Date	
Name of Business/Organization Applying	
Contact Person	
Position with Business/Organization	
Mailing Address	
Property Address	
PID#	
Incorporation Number with Registry of Joint Stocks	
Phone	
Email	

Signature of Signing Officer(s) and their position with Business/Organization:

Name (printed)	Signature	Position
_____	_____	_____
_____	_____	_____

PROJECT INFORMATION:

1. Please provide an outline of the project and how the proposed improvements are intended to target pedestrians, improve the 'curb appeal' of the property, increase accessibility, and/or contribute to a welcoming community core (attach separately if insufficient space).

2. Funding requested (max \$5000)? \$ _____

3. Budget

- Please attach a project budget showing all expenses.

4. Is there additional information that may support your grant application? (You may attach additional information. Please refer to the Business Façade Guidelines for evaluation criteria).

5. Did your organization receive a business façade program grant in the last five years from the Municipality of the District of Chester?

Yes ____ No ____ Unsure ____

Did you submit final expenses? Yes _____ No _____ Unsure ____

If no, please submit the final expenses as soon as possible as it may affect funding.

If you require assistance, the Senior Economic Development Officer will gladly help you.

Senior Economic Development Officer
"Business Façade Program"
Municipality of the District of Chester
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