

**BALTIMORE DOWNTOWN BUSINESS
FAÇADE GRANT PROGRAM**



Payment Request 2010

Date: _____

Address: _____

Property Owner: _____

Owner's Address (if different): _____

Telephone Number: _____ E-mail: _____

*This program is a reimbursement grant. All receipts for the work performed must be submitted with your payment request after the work is completed. * All work must be completed no later than December 31, 2010. **

Amount of grant money awarded: \$ _____

Total final cost of project: \$ _____

Façade improvements completed:

(Provide information below. Please print or type clearly. If necessary, use additional paper.)

Payment ___ approved in the amount of \$ _____ ___ not approved

Comments:

Signature: _____ Date: _____

(Submit pay requests to Kathy Badgeley, Chairperson, Baltimore Downtown Restoration Committee, P.O. Box 74, Baltimore, Ohio 43105-0074)