Southport Hometown Revitalization Grant Program

APPLICATION

Contact Information	
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	Point of Contact/Applicant
	Role of Point of Contact (owner, manager, officer)
	Point of Contact Email Address
	Point of Contact Direct Phone Number
Business Datails	
Business Details	Business Name (note dba if applicable)
	Business Tax ID
	Business Website
	Business Address/Physical Address
	Business Mailing Address
	Associated Time in Dunings
	Amount of Time in Business
	Services/Product Offered
	Services/Froduct Offered
	Communities Served
	Number of Employees
Overall Business Description 8	& History (narrative)
Proposal/Evacutiva Summary	
Proposal/Executive Summary	

Project Objective (narrative using numbers, goals, etc)		
Project Scope/Description (narrative)		
Project Rudget		
Project Budget		
Summarize/List all Attached Receipts and/or Estin	nates	
Estimated ROI/Project Effectiveness		
Requested Funding (based on criteria)		
PLEASE NOTE: Copies of all receipts must accompany this applica	tion Vous application will not be valid	
unless it has copies of the receipts (for finished projects) or proper	• •	
Grants will not be reviewed or approved without the above and fare completed and paid receipts provided. Please see Guideline Completed and paid receipts provided.	·	
if allotted space is not enough.	(& A for all details. Ose additional paper	
Application DEADLINE is November 24, 2021. Please return	a to Downtown Southnort Inc	
DSI, P.O. Box 10127, Southport, NC 28461.	to Downtown Jouthport Inc.	
Cinn advance	Data	
Signature:	Date:	