



# North Harbor Facade Grant Program PROJECT DESCRIPTION



**APPLICANT NAME AND CONTACT INFORMATION:**

**GRANT LOCATION ADDRESS:**

Anticipated Project Cost:

Please describe in detail the proposed scope of work. Use separate sheet(s) if necessary.

**OTHER REQUIRED DOCUMENTATION**

- Three (3) bids/quotes from a licensed contractor
- Project Budget
- Photographs of the project site prior to any improvements
- Building Permit (if applicable)

**SIGNATURES**

I/WE CERTIFY THAT ALL INFORMATION SET FORTH IN THIS PROJECT DESCRIPTION IS A TRUE REPRESENTATION OF THE FACTS PERTAINING TO THE SUBJECT PROPERTY FOR THE PURPOSE OF OBTAINING FUNDING UNDER THE CITY OF EAST CHICAGO FACADE REBATE PROGRAM. I UNDERSTAND AND ACKNOWLEDGE THAT ANY WILLFULL MISREPRESENTATION OF THE INFORMATION CONTAINED IN THIS PROJECT DESCRIPTION COULD RESULT IN DISQUALIFICATION FROM THE PROGRAM, REQUIRING ANY FUNDS ALREADY DISBURSED TO BE REPAYED IN FULL TO THE CITY OF EAST CHICAGO. THE APPLICANT FURTHER CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE CITY OF EAST CHICAGO FAÇADE GRANT PROGRAM GUIDELINES. IF A DETERMINATION IS MADE BY THE ECONOMIC DEVELOPMENT COMISSION THAT PROGRAM FUNDS HAVE NOT BEEN USED FOR ELIGIBLE PROGRAM ACTIVITY, THE APPLICANT AGREES THAT THE PROCEEDS SHALL BE RETURNED IN FULL TO THE CITY OF EAST CHICAGO AND ACKNOWLEDGES THAT WITH RESPECT TO SUCH PROCEEDS SO RETURNED, HE/SHE SHALL HAVE NO FURTHER INTEREST, RIGHT OR CLAIM. IT IS UNDERSTOOD THAT ALL CITY OF EAST CHICAGO FACADE GRANT PROGRAM FUNDING COMMITMENTS ARE CONTINGENT UPON THE AVAILABILITY OF FUNDS.

\_\_\_\_\_  
Signature:  
Date:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
PRINT NAME

**Please submit completed project description and all required documentation to:  
Department of Planning and Economic Development  
ATTN: Ebony Williams Stringer  
4444 Railroad Avenue  
East Chicago, IN 46312**

**For Internal Use:**  
Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_