



MASC FAÇADE GRANT PROGRAM APPLICATION

Applicant: _____ Property Owner: _____

Applicant Address: _____

Telephone: _____ Email Address: _____

Project Physical Address: _____

Name of Business: _____

Projected Project Start Date: _____

Project Description: _____

Contractor: _____

Total Project Cost: \$ _____

Grant Amount Requested (not to exceed \$2,500): \$ _____

- Applicants will receive approval notification at the email or address provided above.
- Work completed prior to grant approval is not eligible for funding.
- The project must be completed by July 31, 2021.
- Reimbursement will occur after project completion and submission of required documents.
- All required permits are the responsibility of the owner/applicant.

Signed _____
Property Owner(s) Date

Signed _____
Applicant(s) Date

Send all materials to: City of Belton
Alan Sims - City Manager
306 Anderson Street
PO Box 828
Belton, SC 29627
Phone: 864-338-7773 ext. 100
Email: alansims@cityofbeltonsc.com

To be completed by City staff

Date Received: _____