



**MASC FACADE GRANT
REPORTING AND REIMBURSEMENT REQUEST**

Due by July 31, 2021

- A. Applicant Name _____
- B. Location Address _____
- C. Total Project Cost _____
- D. Contact Telephone _____

E. Provide expense breakdown in categories below:

Category:	Total Cost Expended:
Awnings	
Signage	
Windows and Doors	
Façade Renovation	
Façade Paint	
Total	\$

Please attach invoices, receipts, and proof of paid invoices (i.e., cancelled check) for all expenses incurred.

F. Total Reimbursement Requested: (50% of total expenses, not to exceed \$2,500) _____

Certification: My signature below certifies the expenses requesting reimbursement are, to the best of my knowledge, true, correct and in accordance with the terms and conditions of the Façade Grant guidelines.

(Authorized Applicant Signature)

**SEND COMPLETED FORM WITH ALL SUPPORTING DOCUMENTATION TO:
BELTON CITY HALL, 306 ANDERSON ST, BELTON, SC 29627, ATTN: ALAN SIMS, CITY ADMINISTRATOR**