

The applicant is responsible for documenting all expenses and submitting receipts to the DMC after the project is complete. All work must be consistent with the approved grant application and the DMC must approve any changes in work scope or materials in advance of that work being performed.

Please note that an approved grant may be canceled if your project has not started within six months of the date it was approved. The project must be completed within one year of the date it was approved by the CCDC.

## APPENDIX I: GRANT APPLICATION

Date of Application:		
Building/Property Address:		
Applicant's Name:		
Ownership Status: (check all that apply)	<input type="checkbox"/> I own the property <input type="checkbox"/> I lease the property	<input type="checkbox"/> I am purchasing the property <input type="checkbox"/> Other _____
If you lease the property, when does your lease expire?		
Primary Project Contact:	Name:	
	Phone:	Email:
	Mailing Address:	
Proposed Improvements: (check all that apply)	<input type="checkbox"/> Exterior building repair <input type="checkbox"/> Tuck-pointing/masonry <input type="checkbox"/> Exterior painting <input type="checkbox"/> Exterior signage <input type="checkbox"/> New awning(s) <input type="checkbox"/> Fencing <input type="checkbox"/> Landscaping	<input type="checkbox"/> Sidewalk repair <input type="checkbox"/> Door repair/replacement <input type="checkbox"/> Window repair/replacement <input type="checkbox"/> Storefront repair/replacement <input type="checkbox"/> Exterior lighting <input type="checkbox"/> Public art <input type="checkbox"/> Other (describe below)

If you listed <i>Other</i> above, Please briefly describe	
<p>Project Goals:</p> <p>Why are you applying for the grant?</p> <p>What positive impacts do you anticipate for your business and the neighborhood?</p>	
Architect (if applicable)	Name: _____ Phone: _____ Company: _____
Total Project Budget:	
Total Grant Requested:	
Property Owner: (If not the applicant)	Name: _____
	Phone: _____ Email: _____
	Mailing Address: _____
Applicant's Certification:	<p>This application is made in order to induce the CCDC to grant financial incentives to the applicant. The applicant hereby represents that all statements contained herein are true and correct. All information materially significant to the CCDC in its consideration of the application is included. The applicant acknowledges that it has reviewed the descriptions of the CCDC financial program for which it is applying and agrees to comply with those policies. The applicant shall also be required to show best faith efforts with regard to the employment of minority contractors. The applicant specifically agrees to pay all reasonable costs, fees and expenses incurred by the CCDC whether or not the incentive is granted or project completed.</p> <p style="text-align: right;"><i>Kirstee V. Hall / Sr. Director</i>      08/11/23</p> <hr/> Signature: _____ Date: _____



FLEMING  
ARCHITECTS



FLEMING  
ARCHITECTS







“A Place to Belong” includes a green space with walkway, benches and pavilion and an area for a community garden.





## Good Neighbor Grant Request – Proposed Itemized Budget

Greenspace Improvement

West TN Catholic Charities – Memphis Outreach Center

northwest corner of N Cleveland St. and Court Avenue (69 N Cleveland St.)

### Sources

CCDC GNG Request	\$ 22,334	90%
Owner's Contribution	\$ 2,482	10%
<b>Total</b>	<b>\$ 24,815</b>	<b>100%</b>

### Uses

Lamps (4)	\$ 8,000	32%
Water fountain	\$ 5,000	20%
Curb cut for mobile food dist.	\$ 4,500	18%
Flowerbeds (12)	\$ 3,444	14%
MLGW connection	\$ 1,871	8%
General conditions*	\$ 1,000	4%
Contingency	\$ 1,000	4%
<b>Total</b>	<b>\$ 24,815</b>	<b>100%</b>

MWBE Participation Goal - 25%	\$ 6,204
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