



Storefront Improvement Grant

Business Name Contact Name Date

Business Address Mailing Address (if different)

Landlord Name (if applicable) Landlord Phone Number (if applicable)

Phone Number Email Address ND Sales & Use Tax Permit Number

Project Description (please attach written estimate)

Total Cost of Project	Total Amount Requested	I do not own the building but have included written approval from the property owner:	YES	N/A
Have you, or will you, received grant dollars or any financial assistance for this proposed project?		Yes	No	
Have you received any grant dollars or financial assistance from the NCJDA in the past (explain)?		Yes	No	

I acknowledge that it is the responsibility of a grantee to use and report all funds appropriately.
I acknowledge that no funds will be used for any purpose that violates federal, state, and local laws.

Signature Date