CURB APPEAL GRANT PROGRAM
Department of Community and Economic Development
100 N. Jefferson Street, Room 608
Green Bay, WI 54301

APPLICATION FORM

Equal Housing
Opportunity

CITY OF
GREEN BAY
1894
Titletown, USA

Applicant Name:_____

Property Address:_____

Mailing Address (If Different):_____

Phone Number:_____ **E-mail address:**_____

Property Type (circle one):   Rental   Owner-Occupied

Grant Type (circle applicable):   Landscaping   Building Maintenance   Site Improvement

Briefly describe work to be performed: (attach "before" pictures as well as any available plans)

_____
_____
_____
_____

Itemized Description of Work / Materials related to _____ **grant:**
(include list for each grant applying for)

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

TOTAL ESTIMATED COSTS $_____

ESTIMATED COMPLETION DATE _____

I confirm the above statements and any information attached to this application to be true

_____   _____
Signature of Applicant   Date

Itemized Description of Work / Materials related to _____ grant:

(include list for each grant applying for)

_____ $_____

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TOTAL ESTIMATED COSTS $_____

ESTIMATED COMPLETION DATE   _____

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TOTAL ESTIMATED COSTS $_____

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