



Incentive Grant Application

Applicant Information

Applicant Name: _____ Date: _____

Address: _____
Street Address

_____ City State ZIP Code

Phone: _____ Email _____

Grant Applied for:

Interior Grant YES NO Exterior Grant YES NO

**** Grant pays for one-third of costs associated with improving the real estate value. Maximum funding allowed is \$4,500.**

Building Information

Name of Business/Building _____ Address: _____

Does Applicant own the building? YES NO

Will project change the use of the building? YES NO

If yes please describe: _____

Project Information

Project Start Date: _____ Completion Date: _____

Have you consulted with an architect? Yes _____ No _____

If Yes, Please list Architect _____

Have you consulted with a contractor? Yes _____ No _____

If Yes, please list Contractor _____

Submittal Check List

Owner(s) and tenant(s) both agree with the proposed projects to be completed. If Applicant is Building Tenant, Building Owner please sign your approval here: _____ Yes___ No__

Project design ideas have been submitted in written format with color schemes and drawings where available. This includes any structural work or repair, paint colors, awnings, signage, etc. Yes___ No__

Applicant has followed the City of Wilton’s recommendation, guidelines, and standards of restoration. Yes___ No___

Applicant has provided cost estimates/bids of all proposed work with itemized estimates. Yes___ No___

Applicant agrees to submit all paid receipts at the completion of the project. Yes___ No___

Applicant has followed the City of Wilton code requirements. Yes___ No___

Applicant has complied with the requirements of this program as outlined in the Wilton Chamber & Development Alliance and City of Wilton Business Incentive Program. Applicant understands any deviations from the agreed upon project plan may disqualify their business/building from receiving reimbursements. Yes___ No___

Applicant understands that the WCDA role is to validate the grant for accuracy prior to sending it for approval to the Wilton City Council. Yes___ No___

Applicant understands that the policies, procedures and incentives of the Wilton Business Incentive Programs may be revised at any time without prior notice by Wilton Chamber & Development Alliance and/or the City of Wilton who also retains the exclusive right to change, add to, eliminate, or modify the requirements and the incentives at any time at its discretion, with or without notice. Yes___ No___

Signatures

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Application Fee

Payable to: Wilton Chamber & Development Alliance
Application Fee will be reimbursed to Applicant if Application is NOT Approved.

Non-member of WCDA Application Fee: \$200
Member of WCDA Application Fee: \$0

Please Return Application and Fee to

Executive Director
Wilton Chamber & Development Alliance
104 East 4th Street
Wilton, IA 52778

APPLICATION NUMBER: _____

Contacts

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