FARMERSVILLE ECONOMIC DEVELOPMENT CORPORATION (4A)

FIRE SUPPRESSION GRANT APPLICATION

# Date of Application: 20

**Applicant**

Name:

Business Name:

Business/Property Street Address:

City: State: Zip Code:

Telephone: Cell Phone:

Email Address:

# Business Owner (if different than above):

Name:

Business Name:

Business Street Address:

City: State: Zip Code:

Business Telephone: Cell Phone:

Email Address:

# Property Owner (if different than above):

Name:

Street Address:

City: State: Zip Code:

Business Telephone: Cell Phone:

Email Address:

Describe the type of improvement:

 Amount requested: ­­­­­­­­­­­­­­­­­­­­­­­­­­­$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Proposed contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach three (3) estimates of the total cost of improvements. **To the best of our knowledge the above information is accurate as provided:**

Applicant:

Name (please print):

Signature: Date: 20

Building Owner Approval of Application if Different than Applicant:

Name (please print):

Signature: Date: 20

Please see the Fire Suppression Grant Policy and Guidelines for other required documents to be included in your application. By signature above the applicant acknowledges receipt of and agrees to abide by and be subject to the terms and conditions of the Fire Suppression Grant Policy and Guidelines. Applicant/grantee must recognize the Farmersville Economic Development Corporation as a funder of the project by posting a provided sign that reads, "Project funded in part by Farmersville EDC." Applicant/grantee must complete a 1099 form provided by Farmersville EDC.