



Exterior Enhancement Grant Program

Grant Application

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Business Name: _____
Legal DBA

Business Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

APN: _____ Number of Employees: _____ Business License No.: _____
Parcel Number

Applicant Attestation

Are you leasing your business location? *If yes, a Landlord Consent Form must be attached.* YES NO

Is your business privately held? YES NO

Are you and your business in good legal standing with no court-ordered financial obligations (e.g., no enforceable judgements, liens, bankruptcies, arbitration settlements requiring withholding of funds, felony convictions, violation of court orders requiring holding of funds for child support, court costs or criminal victim reimbursement programs)? YES NO

Are you and your business operating in accordance with all applicable local, state, and federal laws with no open code violations within the Town of Prescott Valley? YES NO

Is your business active and operational at the time of this application submission? YES NO

Will you comply with all applicable Town, County, and State laws, including zoning and permitting regulations during the administration of this grant? YES NO

Will you permit site visits of the project at any time during the project and/or within 60 days following the submission of the final grant reimbursement? YES NO

Will you retain relevant records documenting the expenditure of awarded funds for a period of 6 years and produce documents at the request of the Town of Prescott Valley? YES NO



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(Grant Application Continued)

Enhancement Description

Please describe the scope of work of the enhancement.

Please explain how the enhancement will improve the business' outdoor spaces for COVID-19 mitigation or improve the built environment of the neighborhood.

Estimated Total Cost: \$ _____ Estimated Start Date: _____ Estimated Completion Date: _____

Attachments Checklist

Current W-9	Landlord Consent Form <i>(if required)</i>
Photo(s) of areas targeted for enhancement	Itemized cost estimate
Documentation showing the number of employees as of July 1, 2021	Design drawings <i>(if available)</i>
Documentation showing the reduction of revenue attributed to the pandemic	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to grant award, I understand that false or misleading information in my application or failure to provide post-enhancement updates as required, may result in termination of the grant and repayment of any funds distributed.

Signature: _____ Date: _____