Special Service Area (SSA) #32 Façade Enhancement Program Application

(This application must be completed and returned to SSA #32 Program Manager: Khayeem Anderson, GAGDC, 7901 S. Racine, and Chicago, IL. 60620)

Name:	
Address:	
Phone:	
E-mail	
Project Information:	
Business Name:	
Business Address:	
Business Phone:	
Business E-mail:	
Type of business: (please check one) Corporation Limited Partnership Not for profit Sole Proprietorship Other (please specify) Describe proposed improvements:	
Proposed Construction Start Date:	
Required Attachments: 1. Project Budget 2. Copy of signed agreement with contractor 3. Financing Sources 4. Photo of project before commencement of (e-mail to: Kanderson@gagdc.org and Che	`work
The undersign Applicant hereby states the above in of their knowledge.	nformation and attachments are true to the best
Applicant Signature:	Date:
Evecutive Director Approval:	Date: Grant Amt: