

## BUSINESS RETENTION AUGMENTATION GRANT APPLICATION

Date:		
-	6800 Main Street	
	The Colony TX 75056	

972-624-3111

Name:		Physical Address of Business:		
Business Name:		City / State / Zip		
Phone:	Fax:	Mailing Address (if different):		
( )	( )			
Email:		City / State / Zip		
SPECIFY ALL THAT APPLY:		Project(s) Description: Describe the project(s) to be completed. Please attach		
INCREASED SPACE		description if more space is needed.		
INCREASED SPACE				
NUMBER OF NEW JOBS				
NEW EQUIPMENT				
INCREASED SERVICES				
Total A	Amount Requested: \$			
One grant per year.		Total Cost of Project(s): \$		
CheckList: Did I complete and attach all necessary information to process my grant application?				
☐Completed Applicant information	□Full description of project	□Identified Total Cost of Project(s)		
□Current Photograph (attached)	☐Contractor estimate (attached)	□Read and Signed Grant Agreement (below)		
□Identified type of grant requested	□Identified Total Amount Requeste	ed		
AGREEMENT:				
I hereby agree to complete the above project within 90 days of notification of approval. I understand that the project workmanship must be approved by The Colony Economic				
Development Corporation representative and completed before grant money is disbursed. I further understand that the above project must meet/comply with all City codes,				
ordinances, rules & regulations. If for some reason I cannot complete the project within 90 days of approval, I will notify The Colony Economic Development Corporation to request a project delay extension. I understand that if I do not abide by this agreement the grant may be denied by default and I will assume <b>FULL</b> responsibility of payment for				
the cost of the project(s). I further understand that the award of grant(s) is at the sole discretion of The Colony Economic Development Corporation.				
Signature:		Date:		