

**GARDEN CITY
RESIDENTIAL REVITALIZATION GRANT PROGRAM**

PROJECT NAME:

A. APPLICANT

1. Name: Jerry Griego
2. Address: 2708 7th Ave
3. Telephone: Home: 970 406-3790
Work: 1

B. PROJECT INFORMATION

1. Building address: 2708 7th Ave
2. If rented, name & address of building owner(s):

C. PROJECT DESCRIPTION:

FRONT Entry Door AND Storm Door

- Attach revitalization plans (schematics, construction drawings, etc.) Designs must include materials to be used and color choices. See Rules & Regulations and Checklist for details.
- Applicant must appear before the Board to get approval prior to starting the project and after the project is complete. Call the Town Hall at 970-351-0041 to be put on the agenda.

Project Schedule: Start Date: _____ End Date: _____

Applicant, by virtue of signature on this application document and upon acceptance of funds provided by the Garden City Single Family Residential Revitalization Grant Program Committee, agrees to the terms and requirements of the Single Family Residential Revitalization Grant Program.

Jerry Griego
Building Owner

10-28-24
Date

Building Tenant

Date

Estimate cost at time of application:

~~538.00~~ 1531.43

Estimated grant payment:

~~764.00~~ 765.72

Amended cost of project:

Date of Amendment: _____

Final requested grant payment: