TAX CREDIT PROGRAM APPLICATION

1. Name of Applicant(s): _____

2. Name of Business: _____

3. Mailing Address of Applicant: _____

4. Project Address: _____

5. Does the applicant own the building? _____Yes _____No

   (If the answer is no, please provide an approval letter from the building owner of the project.)

6. Estimated Project Cost: $_____

   (Attach a detailed cost breakdown supported by one or more quotes from recognized contractors or suppliers with a written description of work to be completed. Include photo of the site to be improved and a sketch or photos of planned improvements, paint samples etc.)

7. Total Grant Request (not to exceed 50% of the City of Glen Rose ad valorem Tax) $_____

   (Matching funds will be provided for Commercial properties up to $5,000 and Residential properties up to $2,500 per calendar year, after inspection and completion of improvement as per agreement. Work must commence within 90 days after acceptance of credit application and should be complete or in progress within one year of issuance of said application.)

8. Proposed project start date: _____

9. Proposed project completion date: _____

11. Will the proposed project result in a change of use of the building?

    Yes ____No____ If Yes, please explain the change_____

12. The following are attached to this application: _____

    A written description of the proposed project with drawings if needed _____

    A detailed cost breakdown of the proposed project _____

    Quotes from contractors or suppliers if applicable _____

    A letter of approval from the building owner

The undersigned applicant affirms that:

1. The information in the application is true and accurate.

2. The applicant has read and understands the conditions of the Tax Credit program.

3. The City of Glen Rose has reserved the right in its sole discretion to reject this application.

   Applicant Signature: _____ Date: _____

   Business Name: _____