

**City of Montgomery, TX
Economic Development Corporation
Grant Application**



Company Name: <i>Montgomery Historical Society</i>	
Company Contact: <i>Brenda Beaven</i>	Title: <i>Board Member</i>
Best Phone: <i>936-499-3786</i>	Alt. Phone:
Email Address: <i>brenda.n.beaven@gmail.com</i>	
Physical Address: <i>5011 Rimrock Pass</i>	City, State, Zip: <i>Montgomery, TX 77316</i>
Mailing Address (if different):	City, State, Zip:
Applicant's years of experience in this business: <i>25 yrs</i>	How long has his business been located in Montgomery? <i>68 yrs</i>

Do you own or lease this facility? <input checked="" type="checkbox"/> OWN <input type="checkbox"/> LEASE	If leased, please provide owner information and a copy of lease agreement. Owner Name: <i>Montgomery H. Soc.</i>		Owner Phone:
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Provide a detailed description of the proposed project as "Exhibit A" attached

What is the estimated total cost of the project? (Include supporting information, ie estimates/quotes as "Exhibit B" attached)	\$ <i>App 3,000</i>
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How much funding are you requesting from the MEDC for this project? (Typical grants are awarded at 1/3 the total project cost or up to \$5,000)	\$
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Are you requesting an exception for additional funding on this project? (Please provide additional supporting evidence for this request as "Exhibit C")	\$ <i>6,000</i> <i>maintain Historic Bldgs</i>
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When will this project begin? <i>December 9, 2023</i>	What is the estimated completion date? <i>December 10, 2023</i>
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Attach all drawings of planned improvements as "Exhibit D" *Christmas in Historic Mont.*

Include a description of expected commercial revitalization impact & sales tax revenue impact as "Exhibit E"

If this project will employ Montgomery vendors, please supply details as "Exhibit F"

Applicant's Signature: <i>Brenda Beaven</i>
Title: <i>M.H.S. Board Member</i>
Date: <i>Oct 10, 23</i>

OFFICE USE:			
Date Application Received:	Date Presented to Board:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED
Performance Agreement Received:	Project Completion Date:	Funding Date:	Check Number: