

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



Company Name: Wreaths Across America to benefit Montgomery Memorial Cemetery			
Company Contact: Arnette Easley/Becky Huss		Title:	
Best Phone: 936-718-7860/619-962-7737		Alt. Phone:	
Email Address:			
Physical Address:		City, State, Zip:	
Mailing Address (if different):		City, State, Zip:	
Applicant's years of experience in this business:		How long has his business been located in Montgomery?	
Do you own or lease this facility? <input type="checkbox"/> OWN <input type="checkbox"/> LEASE		If leased, please provide owner information and a copy of lease agreement. Owner Name: _____ Owner Phone: _____	
Provide a detailed description of the proposed project as "Exhibit A" attached please see attached			
What is the estimated total cost of the project? (Include supporting information, ie estimates/quotes as "Exhibit B" attached)		\$450	
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)		\$450	
Are you requesting an exception for additional funding on this project? (Please provide additional supporting evidence for this request as "Exhibit C")		\$	
When will this project begin? December 18, 2022		What is the estimated completion date? December 18, 2022	
Attach all drawings of planned improvements as "Exhibit D"			
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: _____ Title: _____ Date: _____			
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:

**Montgomery Economic Development Corporation Grant
PERFORMANCE AGREEMENT**

THIS PERFORMANCE AGREEMENT is made and entered into as of _____, (date) by and between THE MONTGOMERY ECONOMIC DEVELOPMENT CORPORATION (MEDC) and _____ (Grant Awardee), whose business address is _____.

In consideration of the mutual covenants herein contained and, intending to be legally bound hereby, the MEDC and Grant Awardee agree as follows:

1. Grant Awardee will complete the grant application.
2. MEDC will notify Grant Awardee by U.S. Mail.
3. In the event that the property covered by the grant is leased, the Grant Awardee must provide the city with a letter of approval from the property owner for said improvements to commence.
4. Grant Awardee must submit plans to city for proper approvals and proper city permits.
5. A proposed project must start after grant approval and be completed within six (6) months of the date of this agreement or according to the terms of this agreement.
6. When the project is complete, the Grant Awardee must request the MEDC to verify completion and costs.
7. Grant Awardee must agree to maintain said enhancements/improvements for a period of time not less than twelve (12) months.
8. Upon notification by staff that the project has been completed and a satisfactory Performance Agreement has been executed by both parties, the MEDC will transfer awarded funds to the Grant Awardee for reimbursement of costs up to the awarded amount at the specified matching ratio.
9. Only costs from a vendor for purchased labor or materials will be recognized for matching funds. Costs for the applicant's employee labor or in-stock materials are not eligible for reimbursement.
10. MEDC may, at its sole discretion, extend the period of performance.
11. The MEDC Representative will verify start of work and completion of work.
12. No grant reimbursement funds will be paid until the project is complete. Cost incurred prior to the date of the grant approval may not be recognized for matching funds.

Date of Completion. The date of completion of the project is established as _____.

Payment. At completion of project MEDC agrees to make the following payment in U.S. funds to Grant Awardee, provided Grant Awardee complies with all of the covenants and stipulations contained in this Agreement.

A set fee of up to _____.

Grant Awardee

MEDC President