

Redevelopment Area Residential Grant Application

Grant Amount: Up to \$5,000

Match: 50%

Grant Cycle: 2 years

NEW APPLICATIONS PREFERRED

Eligibility:

- Property owner located within or relocating to the Redevelopment area of the City of Ely

Applicant Name(s) _____ _____	Full Mailing Address _____ _____
Full Street Address of Property _____ _____	Email Address _____
City: _____ Zip: _____	Tel. No. (inc. area code) _____
Date Property Acquired: _____	Check Redevelopment Area Location: <div><div>AREA A</div><div>AREA B</div><div>AREA C</div><div>AREA D</div></div>
Project Contractor: _____ _____	Grant Amount Sought: _____

Please complete the following in detail

1. Describe your improvement project in detail; attach plans.

2. Describe how your improvement project will revitalize this redevelopment area:

3. To receive grant funds, recipient must provide copies of:

- a. Pictures of completed project;
- b. Receipts/Invoices; and
- c. Cleared payment checks.

In submitting this application, I certify that the data contained in it is to the best of my knowledge, accurate and represents a complete picture of my improvement project in a Redevelopment Area of the City of Ely. Further, I/we understand that this information will be reviewed by City staff and the Ely City Council Redevelopment Liaison, and that those individuals will use this information for the purposes of reviewing and making recommendations upon this application, and that they will respect confidential financial information and not disclose it to any member of the public nor use it to their own (or their institution's) financial advantage. The Redevelopment Agency of the City of Ely makes the final decision whether or not to award any and all grants.

Date: _____

Signature:



Signature:

Please maintain a copy for your records. Provide your completed application to the City Treasurer.

Fax: 775-289-1463

Email: Treasurer@cityofelynv.gov

Mail: 501 Mill Street, Ely, NV 89301

Phone: 775-289-2430

