



**NORTH MANKATO
PORT AUTHORITY COMMISSION
GRANT APPLICATION
CBD GRANT PROGRAM**



1001 Belgrade Avenue, P.O. Box 2055 • North Mankato, MN 56002-2055 • Telephone 507-625-4141

NORTH MANKATO PORT AUTHORITY COMMISSION
GRANT APPLICATION
CBD GRANT PROGRAM

Applicant _____

Property Street Address _____

Legal Description _____

Purpose of Grant:

- _____ Plumbing, electrical or fire code improvements
- _____ Doors and windows
- _____ Heating, ventilation and air conditioning (HVAC)
- _____ Tuck pointing
- _____ Awnings
- _____ Second level housing units - rehab
- _____ Second level housing units - new construction
- _____ Parking improvements
- _____ Stormwater management
- _____ Sewer and water services
- _____ Signage
- _____ Roof Replacement
- _____ Other _____

Project Cost Estimate:

<u>Description</u>	<u>Estimated Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL COST: \$ _____
	GRANT REQUEST: \$ _____

Contractors(s):

Estimated Start Date: _____

Estimated Completion Date: _____

Source of Funds:

Grant Funds \$ _____

Loan Proceeds* \$ _____

Owner's Equity \$ _____

Other _____ \$ _____

TOTAL** \$ _____

* Attach Lending Commitment Letter

** Must Equal Total Cost on Page 1

Attach copies of contractor estimates or quotation for each listed item.

Signature

Date

Signature

Date