



Façade Improvement Grant (FIG) Program Reimbursement Request Form

Please complete this form and return to the Baltimore Development Corporation to request reimbursement for your Façade Improvement Grant projects. Keep a copy for your records, as it serves as the summary document of your project and as the close out document for your project.

Business Information

Business Name: _____

Business Address: _____

Business Owner Name: _____ Phone Number: _____

Email: _____

Minority Business (Check all that apply)

- African American Asian American Hispanic American Other Not a Minority
- N/A (Publicly owned company; No ownership that can be identified by one or more races)

Woman-Owned Business:

Yes No

- N/A (Publicly owned company; No ownership that can be identified by gender)

Employees at time of application: Full Time _____ Part Time _____

Employees at conclusion of project: Full Time _____ Part Time _____

Final Total Project Cost: _____

Approved Grant Amount: _____

Business Owner Reimbursement Checklist:

- After Photos (at least 2)
- Copies of ALL payments to Contractors (Cancelled Checks; Invoices marked "Paid")
- *Note: Proof of contractor payments should add up to the "Final Total Project Cost" amount, above.*
- Completed and Signed Reimbursement Request Form (this form)

I hereby certify that the Façade Improvement Grant project is complete in accordance with the requirements of the program, and the above information is true and correct.

Signature: _____ Date: _____

Printed Name: _____