

Hamilton Development Corporation

APPLICATION FOR ELIBILITY

Date: _____

Project Title: _____

Name of Applicant: _____

Name of Organization: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Grant Category (circle all that apply)

Existing Business Support

Attracting & Supporting New Businesses -- Commercial District Public Events

Commercial District Beautification and Improvement

HDC Funding Request: \$ _____

Total Project Cost: \$ _____

Project Description: Provide a brief description of how your proposed project achieves the goals of the HDC grant categories. Please provide supporting materials and proposed budget. Submissions should be typed, single space, no more than five pages in length including supporting materials.

NOTE: This application is designed to allow the HDC to determine eligibility and offer feedback and guidance. If the HDC determines eligibility an Application for Funding must be completed. If you have questions or need additional information, please contact Mary Alice Cookson at: mcookson@hamiltonma.gov