CHELTENHAM TOWNSHIP MAIN STREET
8230 OLD YORK ROAD
ELKINS PARK, PA 19027
215-887-6200, Ext. 113
www.cheltenhamtownship.org

APPLICATION FOR THE CHELTENHAM DESIGN CHALLENGE GRANT PROGRAM

(TO BE COMPLETED BY APPLICANT / PLEASE PRINT)

Business Name: _____ Business License #: _____

Street Address: _____

Business Phone: _____ Business Fax: _____ e-mail: _____

Applicant's Name: _____ Home Telephone: _____

Property Owner's Name (if different): _____

Property Owner's Address: _____ Telephone: _____

Project Submittal Requirements: Attach a copy of the project description, photographs of the existing structure, two (2) original contractors' cost estimates (not faxed), manufacturers' cutsheet information, and the project schedule including anticipated start-up and completion dates. Upon completion, return to the office of the Cheltenham Township Main Street Manager.

Estimated Costs / Requested Reimbursement
(Maximum $5,000 to any 1 business location per year)

Design Assistance (Up to 50% of cost not to exceed $600)	_____ / _____
Windows and Doors (Up to 50% of cost not to exceed $5,000)	_____ / _____
Exterior Painting, Woodwork & Metal Repairs (Up to 50% of cost not to exceed $5,000)	_____ / _____
Masonry (Up to 50% of cost not to exceed $5,000)	_____ / _____
Cornices, Parapets and Roofs (Up to 50% of cost not to exceed $5,000)	_____ / _____
Fabric Awnings (Up to 50% of cost not to exceed $5,000)	_____ / _____
Signage and Lighting (Up to 50% of cost not to exceed $5,000)	_____ / _____
TOTALS	_____ / _____

Cheltenham Township reserves the right to nullify all obligations to provide funds under the Design Challenge Grant Program to participants who fail to submit a signed copy of the contractor's invoice marked "paid" with a copy of the canceled check made payable to the contractor within 12 months from the date of the Design Challenge Grant approval. Applicant agrees to the terms and conditions of the Cheltenham Design Challenge Grant Program as specified in the Guidelines and indicated by this Application and its attachments. **By affixing our signatures below, we acknowledge the information contained herein to be true and accurate to the best of our knowledge.**

_____ _____
Applicant Date Property Owner (if not Applicant) Date

(TO BE COMPLETED BY MAIN STREET MANAGER)

(RECEIVED STAMP)	DEEMED COMPLETE	DESIGN COMMITTEE
	DATE _____	**REVIEW DATE** _____
Main Street Manager Initials _____	Main Street Manager Initials _____	Main Street Manager Initials _____

(APPLICATION APPROVALS)

_____ _____
Economic Development Task Force Chair Date Township Manager Date