



*Sterling Legacy Fund
Grant Application*

NAME OF APPLICANT _____

ADDRESS _____

BUSINESS NAME _____

TELEPHONE _____ **DATE** _____

TOTAL AMOUNT OF FUNDING REQUEST _____

DATE WORK TO BEGIN _____

COMPLETION DATE _____

Outline of work to be done (include color changes, construction and materials involved, awning, sign materials, etc.). Awarding of Legacy Funds is based on approval of the project and availability of funds. Work to be completed within 6 months of the approval date. Applicant must be a Main Street Sterling member to be eligible.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF PROGRAM MANAGER: _____ **DATE:** _____