

**Clawson  
Downtown  
Grant Program  
Application Form**

A PROGRAM OF THE  
CLAWSON DOWNTOWN  
DEVELOPMENT AUTHORITY

425 N. Main Street  
Clawson, MI 48017

Phone: 248.435-4500  
Fax: 248.435-0515



1. Name and Address of Applicant \_\_\_\_\_  
 Own Property  
 Own Business

2. Address of Property proposed for Improvement \_\_\_\_\_

3. Business Contact Person \_\_\_\_\_ Title \_\_\_\_\_

4. Business Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Check up to two boxes and indicate the cost estimate. This request is being made for:

Awnings \$ \_\_\_\_\_  Signage \$ \_\_\_\_\_  Windows \$ \_\_\_\_\_  
 Door \$ \_\_\_\_\_  Paint \$ \_\_\_\_\_  Landscaping \$ \_\_\_\_\_

Check all that apply.

This is my first application for the Grant program.  
 I already have one approved project under the Grant program.  
 I am applying for one grant.  
 I am applying for two grants.

**Attach an exact color photograph or drawing, in appropriate scale, of the improvement being proposed. Signage information must include where and how it will be attached/ mounted to the building, size and material. Please also include exact colors including color chips and or fabric swatches along with a written description of improvements. Lessee/Business owner must also include authorization from Property/Building owner.**

The estimated improvement cost is \$ \_\_\_\_\_, 50% reimbursement (not to exceed \$1,500 per grant request) is estimated to be \_\_\_\_\_.

**To be completed by DDA**

The property at \_\_\_\_\_

has been found to be:

consistent with DDA plans  inconsistent with DDA plans

It is therefore,

eligible  not eligible

for the Grant Program.

Determined by \_\_\_\_\_  
Name

Title \_\_\_\_\_

Date \_\_\_\_\_

Total amount to be granted upon installation/completion \$ \_\_\_\_\_.