

Town Revitalization Partnership Grant

Program Criteria

Application

Date of Application: _____

Owner Name: _____

Business Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____ Email: _____

Business District: _____

Briefly describe the proposed improvements, addressing how they meet the criteria for the program. Attach no more than one additional page.

Please attach the following:

Photos of current conditions of proposed site.

Plans, shop drawings, spec sheets, and/or other materials that represent the proposed changes.

Completed budget below, attach documentation including quotes for the proposed work (three are required).

BUDGET

Item/Description	Cost Paid by Applicant	Cost Paid by Grant	Amount
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I herewith acknowledge that I have read the grant criteria pages and the submitted information is true and correct.

(Signature)

(Date)

Please submit completed application to Maria Wyrsta, Abington Township, 1176 Old York Road, Abington, PA 19001