



Matching Design Grant Application

½ time and materials up to \$1,000

4 Main Street #2

Goffstown, NH 03045

(603) 497-9933

Application Contact Information:

Business Name: _____ Business Owner: _____

Property Owner: _____

Address of Business: _____ Map/Lot Number: _____

Phone: _____ E-mail: _____

Proposed Improvement (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Painting | <input type="checkbox"/> In-ground Landscaping |
| <input type="checkbox"/> Signage (Town approval Required) <input type="checkbox"/> | <input type="checkbox"/> Entrance/Doorway |
| <input type="checkbox"/> Detail/Trim Repair | <input type="checkbox"/> Other: _____ |

Describe the goals of the improvements. Please be specific as to how the improvements will keep with the historic nature of the village and enhance the aesthetics of the property on the streetscape.

Describe any work to be completed by a contractor(s).

Describe any work to be completed by the business or property owner(s).

Estimated completion date: _____ *Budget:* _____ *time* _____ *materials*

Please provide a sketch of the planned improvements with the application.

Submission of a paid receipt will be required prior to any funds being dispersed. The Goffstown Main Street Program, Inc. Board of Directors has sole discretion to make the grant awards and all decisions are final. Any amount awarded is contingent on funds being available.