



9B Church Street, Goffstown, NH 03045  
603-497-9933

**Matching Design Grant Application**  
1/2 cost of material & labor up to \$500

**Application Contact Information**

Business Name: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Address and Lot Number of Property to be Improved: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Proposed Improvement (check all that apply)**

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Painting, Face, Trim, Windows | <input type="checkbox"/> Signage                   | <input type="checkbox"/> Awning |
| <input type="checkbox"/> Detail/Trim Repair            | <input type="checkbox"/> Exterior Window Treatment |                                 |
| <input type="checkbox"/> Entrance or Doorway           | <input type="checkbox"/> Rear Commercial Entry     |                                 |
| <input type="checkbox"/> In-Ground Landscaping         | <input type="checkbox"/> Other _____               |                                 |

What are you planning to accomplish? (Please be specific, for example, if you plan to paint please include colors. Use additional sheets as needed.)

Describe any work to be completed by a contractor(s). (Attach detailed estimates from the contractor).

Describe any work you plan to complete privately.

**Estimated Start Date:** \_\_\_\_\_ **Estimated End Date:** \_\_\_\_\_

**Budget**

Labor: \$ \_\_\_\_\_ Materials: \$ \_\_\_\_\_

**On a separate sheet please provide a sketch of the planned improvements.**

*Thank you! You will be contacted with the results of your application when the team has made it's decision.*