



Façade Improvement Grant Program

Application/Information

Business/Organization Name: _____

Property Address: _____

Building Owners: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-mail Address: _____

Have you utilized EDA Services in the past? _____

Is the building within the Historic District? _____

Project Description

Amount Requested: \$ _____ What type of assistance is needed?

Have you contacted any local banks for assistance? _____

Have you identified a contractor willing and able to provide assistance? _____

If Yes, please provide the name and address of the provider and the cost of the assistance.

Applicant Signature _____ Date _____



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Application Requirements

- Completed application form
- Description of proposed improvements (attach for further reference)
- Photo(s) of current façade/areas to be improved
- Schedule a meeting with City staff

For program questions, please contact:

Nate Carlson
Economic Development Coordinator
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507-645-3069