



# COVID-19 Mitigation Grant and Making Space Initiative Program

## Application Form and Checklist

Received: \_\_\_ / \_\_\_ / \_\_\_

### Subject Property Information

Property Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Property Type:  Single-tenant  Multi-tenant (*list below*)

Tenants: \_\_\_\_\_

Type of Business(es):  Bar  Restaurant  Gym  Other: \_\_\_\_\_

### Applicant Information (Circle Preferred Means of Contact)

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Relationship to Property:  Owner  Tenant  Other: \_\_\_\_\_

### Property Information

Deeded Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Property taxes current:  Yes  No

### Previous COVID-19 Relief Awards (Local/State/Federal)

Federal PPP:  Yes  No      State Grants:  Yes  No  
 City OCRA Grant:  Yes  No      County PPE Grant:  Yes  No

**Grant Request (Check all that apply, attach additional pages for summary if necessary)**

Type of request(s):      COVID-19 Mitigation Reimbursement      15-Minute Parking for Carryout/Curbside  
                                   Convert Parking Lot To Seating                      Convert Street Parking to Seating

Est. total project cost: \$ \_\_\_\_\_ Grant amount requested (max \$2,500.00): \$ \_\_\_\_\_

Summary of requested improvements for reimbursement or accommodation:

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## **Applicant Acknowledgements**

- All statements provided in the application and supporting documentation are true and accurate and any misrepresentation will void any subsequent Grant Agreement and/or funding.
- I understand that any awarded grant funds must be used for the project described in this application and the subsequent Grant Agreement.
- I understand that a Grant Agreement must be executed before entering into any contracts, purchasing any materials, or performing any work included in the project.
- I understand that failure to comply with the Grant Agreement may result in loss of eligibility to receive funds.
- I acknowledge that The City of Huntington is obligated only to administer the grant and is not liable to the applicant, owner, or third parties for any obligations or claims of any nature arising out of or otherwise related to the project or application undertaken by the applicant and/or owner.
- I understand that all required permits and compliance with applicable codes, laws, or ordinances are the responsibility of the owner/applicant.
- I acknowledge that proof of payment for eligible project costs includes a detailed invoice from the company/contractor of the charges and a copy (front and back) of a cancelled check in payment of the same amount. Reimbursement will occur only after the project completion and all above payment information is submitted by the grant recipient.
- I understand that any unapproved changes to project plans as stated in the approved description will void the grant and result in non-payment of funds or a portion of the funds. If changes to the project are necessary, it is the responsibility of the grant recipient to immediately contact the City for additional project review and approval in writing before continuing the project. Regardless of approved changes, funding awards cannot be increased after the Grant Agreement is signed.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

## **Property Owner Approval**

As the legal owner of the property requesting a COVID-19 Mitigation Grant, I hereby grant authorization for the submission of this application by the above listed applicant and completion of the improvements indicated within this application, scope of work, selected quote, and Grant Agreement. I further authorize the applicant to act on my behalf with respect to this grant program.

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*



## Application Checklist

Please submit the following applicable documents for consideration. If items do not apply to your project, write "N/A" next to the item.

- \_\_\_\_\_ 1. Completed application form.
- \_\_\_\_\_ 2. A list of materials for the COVID-19 mitigation project.
- \_\_\_\_\_ 3. Photographs or renderings with clear notations indicating mitigation improvements. Be specific and include all relevant details, materials, etc. It is also beneficial to include product documentation or list make/model information if applicable. (*COVID-19 Mitigation*)
- \_\_\_\_\_ 4. Photographs showing parking spaces to be converted and surrounding area (*Making Space*).

Once you have completed the application and prepared all of the applicable items above, submit everything to:

City of Huntington  
ATTN: Carol Pugh/Amber Rensberger  
300 Cherry Street  
Huntington, IN 46750

(260) 356-1400 Ext 2000

