



Town of Cheraw  
Façade Grant Application

Applicants Name: \_\_\_\_\_

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

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

Address of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Describe the activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Activity: \$ \_\_\_\_\_

Checklist for Reimbursement:

Invoice/Receipt: \_\_\_\_\_  
Before Photograph: \_\_\_\_\_  
After Photograph: \_\_\_\_\_

I hereby certify that the above is true and accurate. I understand that this is an application for reimbursement and the Town may reimburse me for all, some, or none of the work completed. I understand that incomplete applications will not be reimbursed.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

\_\_\_\_\_ All Materials Included

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Denial Reason: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_