

**VERMILLION AREA CHAMBER AND DEVELOPMENT CO
MISSOURI VALLEY GROWTH
FAÇADE IMPROVEMENT PROGRAM APPLICATION**

Date _____

Applicant Name _____

Tax ID _____

Physical Address _____

Mailing Address _____

Phone Number _____

Email Address _____

Project Description (Attach any estimates or quotes) _____

Please provide detailed construction plans, if applicable. If a contractor is hired for the project, please include a detailed project estimate and design work. If you are completing the project yourself, please provide as much information about your project as possible, including estimated costs, design, etc. Please attach any corresponding documents with this application. All approved grants will be awarded upon project completion, a review of work completed, and copies of final invoices.

Signature _____ Date _____

Applications can be mailed to VCDC/Missouri Valley Growth, 2 E Main St Ste 101, Vermillion SD 57069.