



STRUCTURAL REPAIRS & UTILITY GRANT APPLICATION

Please complete and submit this form with all required supporting documents.

Name of Property Owner	Name of Operating Business, if different		
First Name	Last Name		
Address	City	State	Zip
Telephone Number	Email Address		

Grant Request

Structural Repairs Utility Work

Amount Requested: _____

Provide a brief description of the project and use of the funds (attach additional page if necessary). Please provide sources of other matching funds if applying for structural repairs grant.

Mail/email and submit an original of the completed application with **ALL** supporting documents listed below to:

**Hillsboro EDC
PO Box 502
Hillsboro, ND 58045**

Please check and include the following required supporting documents to this application:

- If structural grant application, a copy of an estimate of work to be completed and proof of adequate matching funds
- If utility grant application, a copy of an estimate of work to be completed, or a copy of paid invoice and proof of payment if seeking reimbursement for work completed

Certification:

I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct. I also certify that the applicant shall maintain accurate accounting records. I further certify that the applicant represents an owner of commercial real estate within the City of Hillsboro and is in compliance with all local, state and federal laws and regulations. I also further certify that the applicant is in good financial standing and has no delinquencies on existing government grants or loans. Furthermore, I agree that the applicant will abide by the guidelines of the Hillsboro Economic Development Structural Repairs and Utilities Grant. I certify that as the owner of commercial real estate that I operate or rent to a legitimate, income-producing, taxable business. I agree to submit any documentation requested by Hillsboro Economic Development Corporation to prove the legitimacy of business.

Applicant certifies that grant funds will be spent within six (6) months of grant approval. Extension requests will be heard on a case-by-case basis. In the event any of the information contained in this application is untrue or incorrect, the applicant hereby agrees to immediately return the grant funds to Hillsboro EDC in full at Hillsboro EDC's discretion.

Name (Please Print)	Title
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Authorized Signature (Property Owner)	Date
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For Hillsboro EDC Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount Requested	Amount of Grant
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Authorized Signature	Title	Date
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