**A picture containing text, outdoor, gambling house

Description automatically generatedCanton Public Arts Grant Application**

*Administered by Canton Cultural Arts Commission*

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

**Applicant Information:**

|  |  |
| --- | --- |
| **Business Name** |  |
| **Primary Contact Name** |  |
| **Business Address** |  |
| **Property Address (if different than above)** |  |
| **Phone** |  |
| **Email** |  |

**Funding Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_ Matching Grant  
\_\_\_\_ Non-matching Grant

**Property Relationship:**Written authorization from the owner is required if applcant does not own the property.

**\_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ Other**

|  |  |
| --- | --- |
| **Property Owner Name** |  |
| **Property Owner Address** |  |
| **Property Owner Phone** |  |

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Estimated Completion Cost** |  |
| **Estimated Start Date** |  |
| **Estimated Completion Date** |  |
| **Contractor** |  |
| **Historic Prservation Approval Date  (if applicable)** |  |

**Project Description *Full Project Scope***

|  |
| --- |
|  |

**Required Items for Submission Checklist:**

**\_\_\_\_\_ Complete Grant Application   
\_\_\_\_\_ Approval from Historic Preservation Commission   
\_\_\_\_\_ Full Project Budget/Estimate Attached**

**Required Items Upon Completion of Approved Project:**

**\_\_\_\_ Financial records confirming project expenses incurred   
\_\_\_\_ Visual inspection by CCAC designee**

*No work shall commence until final approval granted for project by CCAC. All proposed work must be completed in 90 days unless another timeline is agreed upon in advance between applicant and CCAC. No grant funds will be provided until project completion and appropriate validation of work. Applicant agrees to leave completed project in place for a period of no less than 60 months from date of project completion/grant receipt unless otherwise noted by CCAC.*

Logo

Description automatically generated with medium confidence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Applicant Date

Submit all applications to Kristin Norton at [Kristin.Norton@cantonga.gov](mailto:Kristin.Norton@cantonga.gov).