



### REQUEST FOR REIMBURSEMENT

Type of Improvement:      \_\_\_ Façade                      \_\_\_ Sidewalk                      \_\_\_ Landscaping

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_ Available for Reimbursement: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Design Committee Points: \_\_\_\_\_

Date Application Received by Economic Development Office: \_\_\_\_\_

Date Design Committee Approved: \_\_\_\_\_ Date Reimbursement Requested: \_\_\_\_\_

(Reimbursement request will be reviewed at the next regular meeting of the EDA, held the 2<sup>nd</sup> Friday of each month)

Please submit the following documents with the request form, paper copies can be attached or electronic copies (**preferred**) e-mailed to [hitchinge@ci.waynesboro.va.us](mailto:hitchinge@ci.waynesboro.va.us) with "façade grant" in subject line:

|                                  | Attached                 | Submitted via E-mail     |
|----------------------------------|--------------------------|--------------------------|
| Copy of Application              | <input type="checkbox"/> | <input type="checkbox"/> |
| Design Committee Approval Letter | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid Invoices/Receipts           | <input type="checkbox"/> | <input type="checkbox"/> |
| Photos of Completed Work         | <input type="checkbox"/> | <input type="checkbox"/> |

**For EDA Use**

Date Received: \_\_\_\_\_ Date of Check: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Notes: \_\_\_\_\_