Department of Planning & Community & Economic Development
Economic Development Division
Matthew B. Mikolajewski, Director

P.O. Box 2983
Madison, Wisconsin 53701-2983
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obr@cityofmadison.com
www.cityofmadison.com/business

Office of Business Resources
Saran Ouk, Manager souk@cityofmadison.com

Ruth Rohlich, Business Development Specialist
Please send all inquiries to Ruth
rrohlich@cityofmadison.com

Building Improvement Grant

APPLICATION

Please read the Program Summary. The first step is to discuss your project with City Staff. Please call or e-mail Ruth Rohlich to set up a conversation about your project before applying.

Ruth Rohlich
(608) 267-4933
rrohlich@cityofmadison.com

Applicant: _____

Phone: _____

Business Name: _____

Legal Business Name: _____

Please check your business status on the Department of Financial Institutions website and use this business name.

Business Address: _____

Zip Code: _____

E-mail Address: _____

Property Owner: _____

Property Owner E-mail: _____

Property Owner Phone Number: _____

Number of Employees of Business: _____

How many Owners? _____

Ownership Type? ☐ LLC ☐ Sole Proprietorship ☐ Unknown
☐ Full-Time ☐ Part-Time

Name of Grantee: _____

Lease Terms: _____

Explanation of Project Scope

Required Attachments

- ☐ Copy of lease, land contract or deed
- ☐ Building owner's written authorization
- ☐ Bids, estimates, contracts, product brochures, design drawings as appropriate
- ☐ Copy of both sides of a state ID or license

Total Project Budget

List Contractors and Suppliers				
Contractor/Supplier	**E-mail**	**Item(s) or work proposed**	**Amount**	**Estimate Provided (Y/N)**

Additional Comments

Applicant's Certification

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a grant under the City of Madison Building Improvement Grant Program and is true and complete to the best of the applicant's knowledge and belief.

Signature: _____ Date: _____

Signature: _____ Date: _____

For Staff to Fill Out

Applicant is located in: _____

- ☐ TID 44
- ☐ TID 46
- ☐ TID 50
- ☐ TID 51
- ☐ TID 52
- ☐ TID 53
- ☐ TID 54

E-mail application to:	**Drop off application:**	**Mail application:**
Ruth Rohlich Business Development Specialist City of Madison big@cityofmadison.com *PREFERRED DELIVERY METHOD*	Attn: Ruth Rohlich 215 Martin Luther King Jr. Blvd, Room 312	Attn: Ruth Rohlich Economic Development P.O. Box 2983 Madison 53701-2983