



Port Lavaca PRIDE Incentive Grant Program

202 N. Virginia Street
Port Lavaca, Texas 77979
Phone 361-552-9793 ext. 224
www.portlavaca.org

APPLICANT

Name: _____

Business Name: _____

Mailing Address _____

Phone: _____ Email: _____

Physical Building Address (if different than mailing) _____

Year Building was Built _____

Total jobs to be created or retained: _____

BUILDING OWNER (if different than applicant)

Name : _____ Phone _____

Address: _____

Building's current Use:

Name of proposed Project:

Purpose of proposed Project:

The completed Project will result in:

Total cost of proposed improvements:	\$ _____
Amount of grant funds requested:	\$ _____

- | Required Attachments |
|--|
| <ul style="list-style-type: none"> • Detailed description of project and expected results • Itemized list of proposed improvements • Bids or cost estimates from proposed contractors and suppliers (minimum two) • Site Plan and/or Map of project location as applicable, including photographs of the existing conditions |

- | Before Reimbursement |
|--|
| <ul style="list-style-type: none"> • All work shall be complete • Statement from Contractors that work is complete • Copies of cancelled checks/credit card receipts • Completed W-9 Form • Completed Conflict of Interest Form, if applicable • Acknowledgement that the City of Port Lavaca will submit a 1099 to the IRS for the grant amount |

Applicant Signature

Date

Property owner signature (if different from applicant)

Date

Receipt of completed application

Date

Economic Development Director

Date