

APPLICANT'S CERTIFICATION

The Applicant certifies that all information in this application, and all information furnished in support of this application, given for the purpose of obtaining a façade grant under the DTSB (Downtown South Bend) Façade and Streetscape Improvement Program are true and complete to the best of the Applicant's knowledge and belief. **I have read and understand the procedures and agree to follow the Façade and Streetscape Improvement Grant Process. I am submitting documentation as requested.**

Applicant's Signature: _____ Date: _____

MAIL THIS APPLICATION WITH ATTACHMENTS TO:

DTSB
c/o Façade & Streetscape Grant Committee
P.O. Box 930
South Bend, IN 46634

Phone: 574.282.1110
Fax: 574.233.7382