



## Downtown Facade Enhancement Application

Completed applications must be submitted to: Defiance Development and Visitors Bureau (DDVB)  
325 Clinton Street  
Defiance, Ohio 43512  
Phone: 419-782-0739  
kirstie@visitdefianceohio.com

Applicant Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

Project Name \_\_\_\_\_

Total Amount of Grant Funding Requested \$ \_\_\_\_\_

\*Please note that City employees and members of their household are not eligible to receive grant funds from this program.\*

Please include a copy of each of the below documents with your application submission  
Email application to Kirstie Mack at [kirstie@visitdefianceohio.com](mailto:kirstie@visitdefianceohio.com)

- \_\_\_\_\_ Project description
- \_\_\_\_\_ Description of work to be completed
- \_\_\_\_\_ Photos of the existing conditions
- \_\_\_\_\_ Scaled rendering of proposed work
- \_\_\_\_\_ Detailed cost estimate from 2 qualified third parties
- \_\_\_\_\_ Completed W9 form

Project Name \_\_\_\_\_

### Closeout Data

All feedback is important for the future of this program. Please fill out the following information at the conclusion of the project.

Total amount of private investment in the improvements (dollars) \_\_\_\_\_

Average amount of foot traffic per week prior to improvements (# patrons) \_\_\_\_\_

Average amount of foot traffic per week after improvements (# patrons) \_\_\_\_\_

Increase in actual sales per week after improvements (percent) \_\_\_\_\_

Number of employees prior to improvements \_\_\_\_\_

Number of employees after improvements \_\_\_\_\_

Describe how the building improvements have impacted your business \_\_\_\_\_

---

---

---

What improvements should be made to this program? \_\_\_\_\_

---

---

---

Any additional information \_\_\_\_\_

---

---

---

