



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

- _____ 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 _____
