



SHAWNEE

K A N S A S

Grant Application#:

Downtown Improvement Program Grant Application

First-time applicant: ___ Yes ___ No

Name of Business: _____ Phone #: _____

Address: _____ Zip: _____

Owner: _____ Phone #: _____

Address: _____ Zip: _____

Signature: _____ Date : _____

(If different than Owner)

Contact: _____ Phone #: _____

Address: _____ Zip: _____

Email: _____

Description of work to be completed: _____

Letter Attached

Fees Paid by Owner: \$ _____

Upon project completion, submit invoices or receipts showing the total fees paid for the project.

Submit applications to Planning@CityofShawnee.org

OFFICIAL CITY USE ONLY

Amount Reimbursed by the City of Shawnee: \$ _____

Date Reimbursement was requested: _____

Application received: _____

Phone: (913) 742-6011 • Planning@CityofShawnee.org

www.CityofShawnee.org

12/07/2021