



OFFICE USE ONLY
DATE RECEIVED FROM APPLICANT: _____

Van Alstyne CDC
228 E. Marshall
P. O. Box 2151
Van Alstyne, Texas 75495
(903) 712-2002

FAÇADE GRANT

NOTICE OF PROJECT COMPLETION FORM

Applicant and Property Information

Applicant's name (print): _____

Applicant's telephone number: _____

Organization's name: _____

Property address of project: _____

Project Information

Description of improvements: _____

Requested grant amount: \$ _____

Contractor's name and telephone number: _____

Date of project completion: _____

I read the Façade Grant description and agree to all terms contained therein, including compliance with all applicable city, state, and federal codes and the one (1) year maintenance requirement. I understand that this form, along with all original invoices and receipts, serves as a request for inspection and payment.

APPLICANT'S SIGNATURE _____ **Date:** _____

Notice of Project Completion Form and final invoices are to be delivered to the Van Alstyne Community Development Corporation office at 228 E. Marshall, Van Alstyne, Texas 75495, or submitted electronically at director@vaced.net.