

Tipton Revitalization Incentive Program (TRIP)
Application form
City of Tipton

This application must be completed by any business / property owner / developer who intends to apply for assistance from the Tipton Revitalization Incentive Program. Feel free to use additional sheets of paper to elaborate on any information requested in the application.

Name of Applicant/Business: _____

Mailing Address: _____

Project Address: _____

Telephone (and Fax:): _____

Email Address: _____

Please “check” the program(s)* you are applying for?

_____ Commercial/Industrial Grant _____ Acquisition Assistance Grant _____ Supplies Program

**Please note that the programs for the Revolving Loan Fund and Tax-Exemption Program have their own application forms. Please contact us for details.*

Total Project Cost: \$ _____
(All programs applied for:)

1.) What is (are) the existing use(s) of the building? _____

2.) Describe the Proposed Project(s). If you have applied for funding in more than one category, please explain the project for each category (be specific).

3.) I (we) understand that all work completed on the project must follow the description of approved methods and materials listed in the above section. Any variance from the agreed upon procedure, without prior approval, may result in forfeiture of any funds for which I (we) may have qualified.

4.) I (we) have, to the best of our ability, will attempt to follow the guidelines set forth by TRIP in the planning of my (our) project.

5.) I (we) understand that any funds this project qualifies for will only be disbursed by the City as a reimbursement after the project is completed. All expenses must be documented and submitted to the program committee at the project's completion.

6.) I (we) understand that the Incentive Program is based on actual project costs. Therefore, if the project costs less than the total approved by the City, my (our) reimbursement will lessen accordingly. However, if the project goes over budget, the Incentive Program reimbursement will not exceed the approved total.

The undersigned applicant agrees to comply with the requirements of this program as outlined in the TRIP guidelines and application.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____



Review Committee's Decision:

YES NO

Comments: _____

