CITY OF EMMETSBURG HEALTHY HOMES GRANT FINAL REPORT

OWNER/APPLICANT INFORMATION

Property Owner(s) _____

Address _____

City _____ State _____ Zip _____

COMPLETED EXTERIOR IMPROVEMENTS

Describe the physical improvements you completed as part of the grant program.

_____

_____

_____

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PHOTOS

Please attach photos of completed work to this report or email to greichter@emmetsburg.com.

FOR INTERNAL USE ONLY	
GRANT #	
GRANT AMOUNT	
DATE REVIEWED	
DATE APPROVED	

PROJECT EXPENSES

Copies of each vendor invoice/receipt and proof of payment for each component of the project must be attached to the final report.

Vendor/Contractor:	Date of Invoice/Receipt	Amount:
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	Project Total	$

APPLICANT SIGNATURE

Signature _____ Date _____

EMAIL COMPLETED FINAL REPORTS TO GREICHTER@EMMETSBURG.COM
OR
MAIL OR DELIVER TO:

City of Emmetsburg
Economic Development Department
Attn: Healthy Homes
2108 Main Street
Emmetsburg, IA 50536