

GRANT REQUEST

Based on your estimate of the cost of work, please state the matching amount you are requesting from the Healthy Homes Grant Program (maximum \$500). This should be no more than 50% of the total project costs.

Amount Requested: \$ _____

Please indicate which funding cycle you are applying for:

- FY26 – Projects must be completed between July 1, 2025 – June 30, 2026
- FY27 – Projects must be completed between July 1, 2026 – June 30, 2027

ASSURANCES

- Projects must be completed, photographed, and all receipts turned in by the funding cycle deadline:
FY26 projects: June 8, 2026
FY27 projects: June 14, 2027
- If your project is selected, you agree to allow the City of Emmetsburg to document your project and use photos of your improvements to publicize the program.
- Grant payments will be issued as a reimbursement after the project is completed and the final report has been approved.
- Any work completed before a grant commitment letter is issued will not be eligible for reimbursement.
- Properties must be owner-occupied and within the city limits of Emmetsburg.

APPLICANT SIGNATURE

Signature _____ Date _____

EMAIL COMPLETED APPLICATIONS TO GREICHTER@EMMETSBURG.COM

OR

MAIL OR DELIVER TO:

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