



## MIDDLE MICHIGAN DEVELOPMENT CORPORATION

### Façade Improvement Grant Application Form

Deadline to Apply: February 17, 2026. This grant awards up to \$5,000 in matching funds for downtown façade improvements. Eligible counties are Clare, Isabella, and Osceola.

#### Approval Status

Not Started

### Section 1: Business Information

**Business Name:** Test Business

**Business Address:** 123 Main St.  
Clare, MI, 48617

**County** Clare

**Business EIN** 12-3456789

\*Business must be up to date with LARA.

[Click here to check your LARA status.](#)

**Type of Business Entity** Sole Proprietor

**Business Ownership Status** Woman Owned

**Are you located in a Downtown or DDA District?** Yes

**Number of Employees:** 14

**Contact Person** Jane Doe

**Title** Owner

**Phone Number** (989) 772-2858

**Email** grants@mmdc.org

### Section 2: Project Details

#### Brief Description of Façade Improvement Project

New Storefront Signage + Brand Refresh

Replace outdated or faded signage with:

- A professionally designed, working with vendor in the central michigan area.
- Updated logo/branding cohesive with the character of downtown Clare.
- Exterior-grade materials (metal, wood, halo-lit lettering if allowed)

**Estimated Start Date** Monday, May 4, 2026

**Estimated Completion Date:** Thursday, May 14, 2026

**Have you communicated with your municipality about this project (City, Village, Township)?** Yes

**Total Project Cost** 9,000

**Amount Requested from MMDC** 4,500

**Matching Funds Committed by Business** 4,500

Please identify where your matching funds are coming from. Attach official documentation to form, i.e., bank statement, loan approval letter, line of credit etc.

**Attach Proof** Sample Bank Statement – Test Busin... .pdf

**Matching Funds Source** Owner Contribution

Section 3: Required Attachments

**Project budget with itemized costs:** Untitled spreadsheet - Sheet1.pdf

**Before photos (at least 1) of the current façade/project:**



Section 4: Certification

I hereby certify that the information provided is accurate and complete to the best of my knowledge. I understand that this application does not guarantee funding. I acknowledge that if selected, I will enter into a grant agreement with MMDC and follow all required reporting and documentation processes. I also confirm that my business is not in violation of any local, state, or federal laws and is in good standing with the State of Michigan.

Signature



Name

Jane Doe

Title

Owner

Date

Friday, January 23, 2026

**This opportunity was made possible thanks to MEDC's Trusted Connector Program.**