# GARDEN CITY
## TREE CARE GRANT PROGRAM APPLICATION

**PROJECT NAME:**

_____

**A. APPLICANT**

1. Name: _____
2. Address: _____
3. Telephone:  Home: _____
                Work: _____

**B. PROJECT INFORMATION**

1. Building address: _____
2. If leased, name & address of building owner(s):

_____

_____

**C. PROJECT DESCRIPTION:**

_____

_____

_____

| Estimated cost at time of application: |
| _____ |
| Estimated grant payment: |
| _____ |
| Amended cost of project: |
| _____ |
| Date of Amendment:_____ |
| Final requested grant payment: |
| _____ |

- Attach proposed plans and two estimates (if using a contractor). Attach written estimate of materials if doing the work yourself.
- Receipts and photos after the tree is planted will be required before grant payment is made.
- Applicant must appear before the Board to get approval prior to starting the project and after the project is complete. Call the Town Hall at 970-351-0041 to be put on the agenda.

Applicant, by virtue of signature on this application document and upon acceptance of funds provided by the Garden City Tree Care Grant Program agrees to the terms and requirements of the Tree Care Grant Program.

_____     _____

Signature                                                        Date