



Downtown Retail Grant Program

SUBMITTAL FOR REIMBURSEMENT

Please submit the following information to the Village of Frankfort once approved work is complete for grant payment:

[] This signed certification

[] Copies of paid invoices from all contractors

[] Releases from all contractor liens

[] Proof of payment must include copies of canceled checks and/or credit card receipts

CERTIFICATION

I, the undersigned, warrant that all representations of the application submitted under the program are true and accurate and that there has been no material change which would in itself or cumulatively with other events impair the profitable functioning of my business operation. All agreements, warranties and representations made to the Village of Frankfort are true at the time they were made and shall remain true at the time of submittal for reimbursement under the program. The Village of Frankfort may in its sole option cancel its assistance commitment either in whole or in part.

Applicant Signature	Applicant Name (Printed)	Date	