ER GATE WAY TO ADVENTURE 1884 -	City of Ontario Security Grant Program Application	Date:
Applicant Information		
Name:		
Property Address:		
Business Name:		
Business Mailing Address:		
Business Daytime Phone Number:	Applicant P	hone Number:
Email Address:		
Description of Business Security Nee	ds:	
Total Project Cost:		
Amount Requested:		

Application Packet Checklist

The following items must be attached to your application:

- 1. Proof of ownership (warranty deed)
- 2. Description of the work to be completed.
- 3. Photos of building to be improved.
- 4. Cost summary from the chosen vendor.
- 5. Schedule of work to be completed.
- 6. Proposed Commencement Date: _____
- 7. Proposed Completion Date: _____

Date Submitted	Grant Panel Meeting	Grant Panel Approval

Note: Proof of payment (invoices and receipts) and an "after" picture are required for reimbursement after project completion.

Property Owner Consent

Property Owner Name:	
Property Owner Mailing Address:	
Property Owner Daytime Phone: _	
Property Owner Empile	
Property Owner Email:	

As the legal owner of the above referenced property, I hereby grant authorization to complete the security improvements indicated on this application. I also stipulate that I have read the entire application and application checklist. I understand my responsibilities and obligations as the property owner under this application.

Property Owner's Signature: _		Date:
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For questions regarding this program, please contact Terry Leighton at terry.leighton@ontariooregon.org.