

B.E.S.T. GRANT APPLICATION

Colleyville Boulevard Improvement Program

APPLICANT INFORMATION

Applicant Name:	
Applicant Title:	
Applicant Mailing Address:	
Phone:	
Email:	
Business Name:	
Business Entity Type:	
Business Notice Address:	
Number of Current Employees:	
Anticipated New Employees:	
BUILDING INFORMATION	
Property Address:	
Property Owner:	
Current Building Use:	
Total Building Square Footage:	
Number of Businesses in Building:	
Property Taxes Current?	
Active Building Code Violations?	
Description:	
PROJECT OVERVIEW	
Project Contact:	
Phone:	
Email:	
Description of Proposed Improvements (attach additional inform	nation as necessary):



Project Timeline:	
Project Cost:	
Grant Funding Requested:	
TAD Appraised Value:	
Estimated TAD value after improvements:	
Sales tax generated at property (if any):	
Estimated sales tax generated at property after improvements (if any):	
APPLICANT DOCUMENTS	
Applicant will be required to submit current photos of the property and detailed illuproposed improvements.	ustrations of the
Y N Applicant documents are included for submission with this Application	on
Y N Will be submitted by Applicant separate from this Application	
APPLICANT ACKNOWLEDGMENT	
Applicant hereby acknowledges that the information provided in the foregoing app correct.	lication is true and
Applicant's Signature:	
Signature Date	
 Name	