

BARBERTON COMMUNITY FOUNDATION **Downtown Barberton Rehabilitation Program Application**

APPLICANT/BUILDING OWNER I	NFORMATION
Applicant Name	
Applicant Address	
Applicant Telephone No.	Applicant Email
Is Applicant the property owner	Yes No *If no, provide owner's information:
Owner Name	
Owner Address	
Owner Telephone No.	
Owner Email	
Owner consent given	Yes No *If yes, attach written consent
Building Address	
Current Occupancy	Occupied Vacant
If occupied, please list tenant	
FINANCIAL AND PROJECT INFOR	RMATION
Amount of Funds Requested	
Reason for Request	Interior rehabilitation (ceilings, walls, floors, lighting, plumbing fixtures)
	Window and/or door replacement or repair
	Roof repairs
	Improvements to mechanical or structural systems (electrical,
	HVAC, plumbing)
	Facade repairs (brickwork, tuckpointing, painting)
	Purchase or upgrade of equipment
Total Project Investment	
Signature of Applicant	Date

Our mission is to strengthen the Barberton community for current and future generations by providing leadership, fostering collaboration, and creating a legacy of giving to do good.



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