

**CITY OF AURORA  
WARD 5 RESIDENTIAL AND NONPROFIT  
GRANT APPLICATION**

**Date of Application** \_\_\_\_\_ **Amount Applied For** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Non Profit Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**FEIN Number** \_\_\_\_\_

**Signature for Fed. ID #** \_\_\_\_\_

**Description of work to be done (attach separate sheet if necessary, (include before picture))**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contractor Selected to do work** \_\_\_\_\_

**Time Frame of work to be done** \_\_\_\_\_

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**Office Use Only**

**Review Date** \_\_\_\_\_ **Work Completed** \_\_\_\_\_  
(Date)

**Signature of Committee Member** \_\_\_\_\_ **Approved for payment on** \_\_\_\_\_

**Checklist Completed** Yes \_\_\_ No \_\_\_ **Date** \_\_\_\_\_

**Committee Recommended Approval** Yes \_\_\_ No \_\_\_

**Ward Alderman Signature** \_\_\_\_\_ **Date** \_\_\_\_\_