

Application for ACON Community Grant Program (\$3,000 max.)

Application Information

Full name:	<hr/>			Date:	<hr/>
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:	<hr/>			Phone:	<hr/>
	<i>Street address</i>		<i>Apt/Unit #</i>		
	<hr/>			Email:	<hr/>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>		
Community Name	<hr/>	Is your neighborhood a Member of ACoN	Yes No	Repair or Improvement	<hr/>
Description of repair or improvement	<hr/>				
Are you the property owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Do you live in the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If you are not a member of ACoN would you be willing to become a member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Community Name	<hr/>	
Amount needed to complete project?			Put amount here	<hr/>	
Property Type Ex. Sing story home*	<hr/>		How did you hear about us?	<hr/>	
Please provide any additional information or comments below:					
<hr/>					
<hr/>					

Please list any other contact for this project

First Name	_____	Relationship:	_____
Last Name	_____	Phone:	_____
Address:	_____	Email:	_____

May we contact your other contact person

Yes ☐

No ☐

Military Service

Branch:	_____	From:	_____	To:	_____
Rank at discharge:	_____	Type of discharge:	_____		
If other than honorable, explain:	_____				

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to project being accepted, I understand that false or misleading information in my application may result in project not being funded.

Signature:	_____	Date:	_____
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For Aiken Council of Neighborhoods Use only

Application approved _____

Application not approved _____

Amount Awarded _____

Why application was not approved _____

Signature of president _____

Signature of committee member _____

Signature of committee member _____