



Saving Wilson's future by preserving its past.

Preservation of Wilson

Visual Improvement Matching Grant Program Application

Property Address: _____

Property Owner's Name: _____

Applicant's Information:

Phone _____

Fax _____

Email _____

Photos and Description of Project (attach additional sheet if necessary):

Total Estimated Costs \$ _____

Matching Grant Amount Requested \$ _____

(Request may only be up to 50% of total estimated cost, not to exceed \$2,000. There is no minimum investment required.)

Projected Start Date _____

Projected Date of Completion _____

Name of tradesperson who will complete the work _____

Preservation of Wilson
P. O. Box 2741, Wilson, NC 27894 113 East Nash Street, Suite 315, Wilson, NC
(252) 234-7694 Fax (252) 234-1636
kfb@preservationofwilson.com www.preservationofwilson.com

_____ Attached is a current photo of the house.

_____ Attached is a historic photo of the house, if possible.

_____ Attached are my plans with photos, samples, sketches or other means to fully explain the project.

_____ Attached are copies of all applicable permits, if required

_____ Attached are itemized estimates which include costs for labor and materials. If the applicant is doing the work themselves, labor will not be included.

I understand that no work will begin prior to application or prior to notification of acceptance, acceptance with conditions, or rejection. Doing so may disqualify me from this grant opportunity.

I understand that the Matching Grant must be used for the project described in this application. I understand that failure to abide by the application may result in reduced funding or no funding. I understand that upon completion of the project, the Properties Committee will inspect the work and I will submit copies of paid invoices and/or cancelled checks to the Preservation of Wilson office. I understand that payment of the grant is contingent upon completing my project as my application outlined and providing proof of expenditure of funds. I understand that Preservation of Wilson will issue a check to me for amount awarded, or in the case of economic hardship, pay directly to the vendor. I understand that no grant will exceed \$2,000.

Signature of Applicant _____

Date _____