

**HORICON CHAMBER OF COMMERCE
OUTSIDE BUSINESS IMPROVEMENT
MATCHING GRANT FORM – **AWARDED QUARTERLY****

Name of Business _____

Address _____

Telephone: _____ **Date:** _____

Contact Person: _____ **Email:** _____

Describe what change was taken on the outside of your business for improvement in 2011.

Describe if the Chamber incentive was a key factor in implementing this change.

Describe if you feel this grant was beneficial to your business and how it will impact the community.

Please read the attached rules and attach copies of receipts of work done.

