

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

Due March 31, June 30, September 30 and December 31 each year.

Name of Business _____

Address _____

Telephone: _____ **Date:** _____

Contact Person: _____ **Email:** _____

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

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.

