

COLISEUMCENTRAL

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SECURITY CAMERA GRANT PROGRAM APPLICATION

Business or Property Name: _____

Owner's Name(s): _____

Address: _____

Phone: _____ FAX: _____

Total Square footage of business or property _____

Amount of funding requested: \$ _____

Attach to this application a complete description of the planned cameras and diagram of the property showing location of each camera to be installed.

Attach the recommendations provided by the Hampton Police following their Security Survey / CEPTED Assessment.

Have you applied for grant funding in the past 3 years? YES NO

Provide a breakdown of project budget:

Total project cost: \$ _____ (please complete the project cost breakdown below.)

<u>Expenses</u>	<u>Amount</u>
Design.....	\$ _____
Installation.....	\$ _____
Materials/Equipment.....	\$ _____
Other _____\$ _____

<u>Funding Sources</u>	<u>Amount</u>
Business Owner.....	\$ _____
Coliseum Central.....	\$ _____
Other _____\$ _____

Project schedule:

- **Estimated Start Date** _____
- **Estimated Completion Date** _____
- **Project Phasing (if applicable)** _____

If you are not the building or property owner, do you have permission from the building or property owner to make the above described installations? YES NO

Name of Building or Property Owner: _____ **Tel:** _____

If NO, please explain: _____

You may use additional sheets of paper if necessary to complete the application. You may also attach any additional information about your company or project you think is relevant to this application.

I certify that the above information is correct to the best of my knowledge and that the requested funds will be used only for purposes described in this application.

Name, Title

Date

All applications must be completed and submitted to Coliseum Central Business Improvement District. Mail, email or fax applications to 4410 E. Claiborne Square, Suite 211, Hampton, VA 23666, FAX, and (757) 826-2784 email to rtripp@coliseumcentral.com. Please contact Coliseum Central at (757) 826-6351 if you have questions.