

City of Hanover
Economic Development
Authority



11250 5th St NE
Hanover, Minnesota 55341
763-497-3777
cityhall@ci.hanover.mn.us

HANOVER MATCHING GRANT PROGRAM APPLICATION

Business Name: _____ **Time in Operation:** _____ yrs. _____ mos.

Description of Business: _____

Description of Improvements: _____

Total Project Costs: _____

**Please include an itemized list of estimated costs you will incur.*

Amount Requested:

Grant Portion: _____

Loan Portion: _____

**Please reference the program guidelines for details.*

Applicant Signature: _____

Date: _____

Address: _____

Email: _____

Phone: _____

Property Owner Signature: _____

Date: _____

Email: _____

Phone: _____