

SSA



Quick Fix Program

Quick Fix Program APPLICATION

Fill out completely and bring or send application and all required attachments to: City of East Moline, City Hall Annex, 912 16th Avenue, East Moline, IL 61244

Date Submitted _____

Applicant Name _____

Address _____

Phone _____ Cell _____ Email _____

Name of Identified Business _____

Contact Name: _____

Address: _____

City _____ State/Zip _____

Phone/Cell _____ Email _____

Type of Business _____

The SSA Quick Fix Program funds are on a limited availability, once program dollars are committed no other applications will be taken. Once approved an owner may not reapply for three years. This gives every business an opportunity to take advantage of this program.

The SSA Quick Fix Program reimburses (when approved by the committee) a 50% match of project cost up to a maximum of \$1,500.00. Please provide the following:

| | |
|--|---|
| | Pictures of Project Before Work Is Started |
| | Two bids for Project |
| | Written Explanation of Work to Be Done |
| | Copies of Paid Invoices – After Work is Completed |
| | Pictures of Project – After Work is Completed |

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| | |
|--|------------------------|
| | Parcel number |
| | Real Estate taxes paid |

I AGREE TO ALL CONDITIONS SET FORTH AND I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE, ACCURATE, AND TRUE.

Applicant Signature: _____ Date _____

Staff Use Only

| | |
|---|-------------------------|
| Date Received _____ | Received By _____ |
| Business Opened in East Moline <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Opened _____ |
| Business in Operation One Year Later <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of Payment _____ |
| Payment Approved <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved By: _____ |