

CITY OF PINCONNING
BUSINESS IMPROVEMENT PROGRAM (BIP)
GRANT COMPLETION FORM

I, (name) _____, of (business) _____,
certify that all the work listed in the City of Pinconning Downtown Development Authority Business
Improvement Plan has been completed per the approved application, and request payment as approved
for \$ _____. Attached is the Invoice documenting work performed as described in
BIP application is completed.

Signature

Date

Printed Name

Business Address

For DDA BIP Committee Inspection Members to complete the following.

Work described in the Business Improvement Plan Application for this Business has been completed
satisfactorily per our inspection and approved for payment to grant applicant named above.

Signature

Date

Printed Name
