

**ADBA GLASS GRANT APPLICATION**

NAME OF BUSINESS: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON APPYLING FOR THE GRANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER:[ ]  MANAGER: [ ]

PROPERTY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANT OPTION APPLYING FOR – 1 OF 2

1. FOR 50% OF GLASS **INSURANCE DEDUCTIBLE** UP TO MAXIMUM OF $150:

AMOUNT APPLYING FOR $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

1. 50% OF GLASS **REPAIRS** TO MAXIMUM OF $150 (if no insurance):

 AMOUNT APPYLYING FOR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE**: MAXIMUM AMOUNT ELIGIBLE FOR THE ADBA GLASS REPAIR GRANT: $150.00

GLASS WAS BROKEN ON (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GLASS REPAIRED ON (date must be within 2 weeks of breakage):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PICTURE OF BREAKAGE INCLUDED IN APPLICATION [ ]

PLEASE ATTACH COPY OF GLASS INSURANCE SHOWING DEDUCTIBLE & RECEIPT OF REPAIRS

 RECEIPT ATTACHED [ ]

**LIST INSURANCE COMPANY WITH DEDUCTIBLE COST (IF APPLICABLE) AND GLASS REPAIR COST:**

|  |  |  |  |
| --- | --- | --- | --- |
| INSURANCE COMPANY  | AMOUNT OFDEDUCTIBLE | COMPANY Repaired Glass  | AMOUNT Cost of Repairs  |
|   |   |  |   |
|   |   |   |   |

I have read the ADBA Grant Glass Guidelines and agree to the terms as outlined [ ]

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: