# SCOPE OF WORK

Façade Grant Property Address:

Business or Property Owner Name:

Business Name (if applicable):

|  |  |  |
| --- | --- | --- |
| **Improvement** | **Description** | **Estimated Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

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