



# CITY OF SAND SPRINGS

100 E. Broadway St. • P.O. Box 338 • Sand Springs, Oklahoma 74063  
Phone: 918.246.2500 • sandspringsok.org

## SAND SPRINGS “WHITE BOX” GRANT APPLICATION

### Applicant Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Business or Leaseholder Information

Name of business: \_\_\_\_\_

Business Owner's/Leaseholder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Information

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Years Owned Building: \_\_\_\_\_ Year Built: \_\_\_\_\_

Area of First Floor (Square Feet): \_\_\_\_\_ Current Use: \_\_\_\_\_

Anticipated Use: \_\_\_\_\_

Has the property received a White Box Grant Previously?  Yes  No

### Application Category (Check Box Below)

- Interior plumbing in compliance with current building code
- Electrical in compliance with current building code
- HVAC in compliance with current building code
- Fire Suppression Measures in compliance with current building code

### Proposed Improvements (describe in detail)

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**List Three (3) Required Quotations (Attach Documentation to Application)**

**Quote #1:**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Cost: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**Quote #2:**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Cost: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**Quote #3:**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Cost: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**Required Attachments:**

- a. Current photos of existing conditions of property interior.
- b. Scaled floor plans.
- c. Building permit applications, if required.
- d. Written consent from property owner giving permission to conduct building improvements, if applicant is not property owner (attach to application, copy of a lease will suffice).

**Total Project Amount:** \_\_\_\_\_

**Amount Covered by Grant (80% of Project not to exceed \$10,000):** \_\_\_\_\_

**Project Matching Amount (Applicant Difference):** \_\_\_\_\_

**Acknowledgement**

I hereby certify that the afore written information is true and accurate to the best of knowledge and further understand that all applications are subject to review and approval by the Sand Springs Development Authority in accordance to the guidelines and procedures governing the Grant Program. Additionally, I understand that my submittal of an application does not guarantee my application will be awarded available funds. I acknowledge that any recipient of grant funds will receive the grant reimbursement and that reimbursement will be made after improvements have been inspected and proper documentation has been provided to the City of Sand Springs.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_