

# Green Bay/Brown County Professional Football Stadium District

## Capital Project Grant Application

### I. Applicant Information

**Applicant:** [Click here to enter text.](#)

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**Contact Person and Title:** [Click here to enter text.](#)

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**Address:** [Click here to enter text.](#)

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**Phone:** [Click here to enter text.](#)      **Email:** [Click here to enter text.](#)

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### II. Project Information

**Project Purpose** (*check all that apply*):

- Increase capacity of community to accommodate visitors
- Improve the quality of the experience at a public destination(s)
- Support community development/redevelopment

**Project Type** (*check one and fill in blanks as appropriate*):

- New construction, renovation, expansion or replacement of a building:
  - Estimated useful life: [Click here to enter text.](#)
- Purchase of equipment (new or replacement):
  - Estimated useful life: [Click here to enter text.](#)
- Feasibility, marketing or planning study related economic development project

Is the project located in Brown County? (*check one*) Yes  No

**Ownership** (*check one*):

- Publicly owned and operated
- Publicly owned and operated through lease or service contract
- Not-for-profit tax exempt

### III. Project Purpose (check all that apply)

**Destination** (*check one that best describes*):

- theatre, auditorium or performing arts venue
- amusement park
- museum
- zoo/nature center
- convention center or exhibition hall
- arena, stadium, ballpark or other sports venue

**Development/Redevelopment** (*check project area*):

- Stadium District
- Downtown Green Bay
- Military Avenue Corridor

#### **IV. Project Summary**

**Provide a narrative description including project schedule:**

#### **V. Project Benefits**

**Describe how the project promotes economic development, tourism and/or recreation in Brown County:**

## VI. Project Financials

Total Cost: [Click here to enter text.](#) Estimated Useful Life: [Click here to enter text.](#)

Amount of District Funds Requested: [Click here to enter text.](#) Funds Needed Date: [Click here to enter text.](#)

Sources and Uses of Funds (*complete the following table*):

PROJECT COSTS	AMOUNT	PROJECT FUNDS	AMOUNT
Professional Services		District Grant Funds	
Construction		Other Grant Funds	
Furnishings, Fixtures & Equipment		Donations	
Contingency		Applicant Funds	
Other (specify):		Other (specify):	
<b>Total</b>		<b>Total</b>	

## VII. Applicant Certification

I certify the information provided in this grant application is complete and accurate and understand that the District reserves the right to approve or deny any grant application in its sole discretion. If funding is approved, I acknowledge my understanding that the District is only a financial contributor to the project and does not assume any liability or responsibility for completing the project for which funds are awarded.

**Name:** [Click here to enter text.](#)

**Title:** [Click here to enter text.](#)

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

**Date:** [Click here to enter text.](#)