



2025 Evans Storefront Improvement Program

Reimbursement Request

(Complete this form AFTER the project is complete.)

To obtain reimbursement for your approved project, please prepare to submit the following information at the completion of the project:

Project contact name _____

Project address _____

CONTRACTOR INFORMATION

Business name: _____

Contact name: _____

Mailing address: _____

Phone number: _____

Email: (optional) _____

SUBMITTAL ITEMS

☐ Copy of paid invoices, receipts for work and materials related to work approved by the Storefront Improvement Program.

☐ At least two (2) color photos of each area of building and/or property where improvements were made, preferably similar shots as provided for initial application (may send via email to bstone@evanscolorado.gov).

For Office Use only:

Date Received: _____

Work Completed? Yes / No

Verified by: _____

Date Payment request submitted to Finance Department: _____