



COMMUNITY MAIN STREET FAÇADE IMPROVEMENT GRANT Application

Main Street Office Use

Application # _____

Date Received _____

Name of applicant _____

Mailing Address _____

Phone Number _____

E-mail _____

Building Owner Yes No
(If no, please submit approval letter from the building owner)

Business Name _____

Project Address _____

Project Description Please provide as a separate document. Include any formal plans, architect drawings, material samples and photographs with your application to assist in our decision making process. See submission Checklist below.

Grant Amount requested \$ _____ (Amount not to exceed \$2,500. NOTE: Grantee must provide 1:1 matching funds, grant funds provided as a reimbursement)

Estimated Total Project Cost \$ _____

Start Date _____ (desired)

Completion Date _____ (estimated)

Submission Checklist

- ___ Project description, including methods to be used to complete the project
- ___ Photos of the existing area of work to be affected
- ___ Drawings, spec sheets, samples of materials and paint colors
- ___ Itemized cost estimates of all proposed work

Terms and Conditions

- The grantee agrees to indemnify, defend and hold harmless, Community Main Street (hereinafter CMS) including its board members, donors, agents and employees from any liability loss, judgment, cost, including attorney fees, injury, damage or other expense that may be incurred by CMS or claimed by any third person against it as a result of the funding of the above-named project or any action or non-action taken in connection with the grant award and the project for which the grantee was awarded the grant.
- The Community Main Street Facade Improvement Grant award will pay for eligible project costs at the discretion and recommendation of the Design Committee and as approved by the CMS Board of Directors. Eligible costs include: 1. Permanent building improvements ('Bricks and mortar') 2. Mural, or as determined to be eligible by the CMS Board and/or Design Committee.
- Grant monies must be used exclusively for the purpose identified in this application and as outlined in the project cost estimate.
- Grant monies require 1:1 matching funds from the Grantee. Funds will be provided on a reimbursement basis. Example: documentation for at least \$5,000 of expenses must be provided to receive a \$2,500 grant disbursement.
- All work must be completed in compliance with the Secretary of the Interior's Standards for the Treatment of Historic Properties and the National Park Service's Preservation Briefs, where applicable. All work must be completed according to any additional direction or stipulation approved by the CMS Board and/or Design Committee
- Grantee shall follow all applicable building codes and ordinances, obtain a building permit (if required by local jurisdiction) and follow all necessary procedures, including a review by the Design Committee.
- Any change to the scope of the project must be submitted in writing to the Chair of the CMS Design Committee or the CMS Executive Director for prior approval.
- All work funded by this grant must be completed within one year of the grantees notification. Extensions may be granted before the end of term. Extension requests must be submitted in writing to the Chair of the CMS Design Committee or Executive Director.
- A Request for Payment is due within 60 days of the project completion, which shall include copies of invoices/receipts for all expenses, and photographs of the completed work.
- Property shall not have any mechanics liens associated with this project in place at the time of Request for Payment.

- Decisions by the CMS Board of Directors and/or Design Committee shall be final.
- Grantee affirms to abide by decisions made by the CMS Board of Directors and/or Design Committee.

Initials _____

The information submitted with this application is true and accurate to the best of my knowledge.

I have read and understand the terms and conditions of the Community Main Street Facade Improvement Grant and agree to abide by its terms and conditions.

I understand that any variance from the agreed upon terms and conditions, without prior approval from the CMS Board of Directors and/or Design Committee, will result in forfeiture of all grant monies.

Applicant Signature

Date

Main Street Office Use

_____ **Approve**
Notify, and obtain signatures on certificate of approval

Date

_____ **Reject**

Date