



FACADE GRANT NON-RESIDENTIAL APPLICATION

Applicant _____ Structure Owner?

Yes	No
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Address of structure to be improved _____

Business Name and Owner if different than above _____

Are both structure owner and business owner in agreement with proposed project?

Yes	No
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Proposed date to begin project _____ Proposed completion date _____

1. Please provide a brief description of the proposed exterior project. _____

2. Will the use of the structure change? If so, explain. _____

3. What is the expected total cost of the planned improvement? _____

4. How much is being requested for this application (not to exceed \$1500)? _____

5. If you are chosen as the recipient of this grant, how do you plan to finance your portion of the costs over and above the grant monies? _____

a. Has financing been arranged to cover the costs of the improvement? Y or N _____

b. Please specify names, addresses and phone numbers of financial institutions and/or other sources of financing. _____

Over

6. If you plan to retain the services of an architect and/or contractor for this project, please provide

the names and addresses of each. If you are doing the work yourself, describe your qualifications.

7. If applicable, please describe how this proposed project will complement the architecture of the immediate environment of the structure to be improved.

8. What do you believe is the historic significance of the structure to be improved? Give a brief history of the structure.

9. Please attach to this application a picture of the structure, drawings or diagrams of the proposed improvements and any other information you feel would help the selection committee in better understanding your project.

Grant projects must begin by July 15th of the current year, must be completed within one (1) year of the commencement date, and follow the guidelines set forth by the Department of the Interior Standards for Rehabilitation, (<http://www.cr.nps.gov/hps/tps/tax/rhb/stand.htm>). Failure to do so may result in the forfeiture of the grant or unpaid grant monies.

Upon satisfactory completion of the project, invoices/bills will be presented to the Grant Committee to verify eligibility for balance of the grant monies.

I/we understand the conditions set forth above and agree, if chosen as the recipient of this grant, to complete an interim and final written review of the project and cooperate in an on-site review by the Grant Committee. Permission is hereby given to the Grant Committee to verify with financial institutions and other credit sources my ability to complete my financial portion of the project.

Signature of Applicant Date _____ Signature of Co-Applicant Date _____

Return this application by April 30th to: MCHPS, P.O. Box 1377, Martinsville, IN, 46151

MCHPS reserves the right to refrain from awarding this grant if all applications are deemed unacceptable by the Grant Review Committee.

For MCHPS Use	Comments
Date received	