

DOWNTOWN FAÇADE IMPROVEMENT GRANT APPLICATION

Applicant/Owner Information

Applicant Name:

Applicant Mailing Address:

Home Phone:

Daytime Phone:

Mobile Phone:

Fax:

E-mail Address:

Do you own or lease the property?

Own

Lease

Property Owner Name:

(if different from Applicant)

Owner Mailing Address:

Property Owner Home Phone:

Property Owner Daytime Phone:

Property Owner Mobile Phone:

Property Owner Fax:

E-mail Address:

Estimated total project cost: \$

Amount requested: \$

Address of property to be improved:

Property Information

Date of Construction:

Number of Stories:

Is this building located on a corner?

Yes

No

Is this property listed on the National Register of Historic Places *(either individually or as a contributing building in a National Register District)*?

Yes

No

Unsure

Is this property located in a local historic district or conservation district?

Yes No Unsure

Is the first floor of the building currently occupied? Yes No

Name of Business:

Type: Retail Service Professional Other: _____

Daytime Phone of Business:

Evening Phone of Business/Owner:

Are any upper stories currently occupied? Yes No

Name of Business(es) or Occupant(s):

Type: Retail Service Professional Residential Other: _____

Daytime Phone of Business(es) or
Occupant(s):

Evening Phone of Business(es) or
Occupant(s):

I understand that the Façade Improvement grant must be used for the project described in this application and that the Downtown Review Board must review the application and approve it prior to beginning construction. I understand that failure to comply with the approved application may result in losing my eligibility to receive funds.

I acknowledge that the City of Blue Springs Community Development Department is obligated only to administer the grant procedures and is not liable to the applicant, owner or third parties for any obligations or claims of any nature growing out of, arising out of or otherwise related to the project or application undertaken by the applicant and/or owner.

Signature of Applicant(s): Date:

As the legal owner of the above property, I hereby grant authorization to complete the facade improvements indicated on this application.

Signature of Property Owner(s): Date:

BID/ESTIMATE SUMMARY SHEET

Note: Please attach all bids/estimates to this application. This form is a summary sheet only and may not serve as a substitute for actual preliminary cost estimate documentation. The bids should be itemized for each portion of the improvement project (signage, exterior painting, window repair, etc.).

Address of property to be improved:

Itemized Description of Work:

Bid #1 Submitted by:

Amount: \$

Bid #2 Submitted by:

Amount: \$

Itemized Description of Work:

Bid #1 Submitted by:

Amount: \$

Bid #2 Submitted by:

Amount: \$

Itemized Description of Work:

Bid #1 Submitted by:

Amount: \$

Bid #2 Submitted by:

Amount: \$

Itemized Description of Work:

Bid #1 Submitted by:

Amount: \$

Bid #2 Submitted by:

Amount: \$

Please CIRCLE which bid you prefer for each description of work listed above.

Note: Proof of payment (invoices and receipts) and at least one "after" picture are required for reimbursement after project completion.

**FAÇADE IMPROVEMENT AGREEMENT CITY OF
BLUE SPRINGS, MISSOURI**

Address of property to be improved:

Summarize or attach Approved Scope of Work:

**Date project to
be started by:**

**Date project to be
completed by:**

**Maximum amount
of reimbursement:**

**No receipts accepted for
reimbursement after:**

Any unapproved changes to project plans as stated above in the Scope of Work will void the grant and result in nonpayment of funds. If changes to the Scope of Work are necessary, it is the responsibility of the Grant Recipient to immediately contact the Community Development Department for additional project review before continuing with the project. Funding awards cannot be increased after notification of the initial award, regardless of approved change in Scope of Work. Work completed prior to grant approval is not eligible for funding.

Reimbursement will occur after project completion and upon submission of appropriate forms and documents as outlined in the guidelines. All required permits are the responsibility of the owner/applicant.

Signature of Grant Recipient:

Date:

City of Blue Springs, Missouri:

Date: