



HIGHWAY 3 OVERLAY DISTRICT FAÇADE IMPROVEMENT PROGRAM APPLICATION FOR GRANT

Please type or print clearly and return completed application and all materials to:

***Façade Improvement Program
Dickinson Economic Development Corporation
218 FM 517 West
Dickinson, TX 77539***

General Information

Application Date: _____

Applicant Name: _____

Business Name: _____

Physical Business Address: _____

Business Owner Name (if different from Applicant): _____

Mailing Address: _____

Contact Phone: _____

Email Address: _____

Type of Work (check all that apply)

Façade Rehabilitation/Enhancement Awnings Signage

Beautification

Other (describe): _____

Project Information

Detailed Description of Planned Improvements (attach additional pages if necessary):

Please list Contractor and/or Project Architect Proposals and Total Amounts (attach original proposals to application):

Contractor/Project Architect	Total Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Budget Detail

Project Expenditures	Funds Requested	Total Project Cost	Total
Façade Rehab/Enhancement:	\$ _____	\$ _____	\$ _____
Awnings/Signage:	\$ _____	\$ _____	\$ _____
Beautification:	\$ _____	\$ _____	\$ _____
Other (list):	\$ _____	\$ _____	\$ _____
Other (list):	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

Total Estimated Cost of Proposed Project: \$ _____

Total Amount Requested for Reimbursement (up to 50% of total cost up to \$25,000): \$ _____

Please attach any other necessary information and details, including color samples, model numbers (for windows, doors, etc.), photos, scale drawings, and other illustrations of work to be completed. Please include as much detail as possible.

Your signature on this application certifies that you understand and agree with the following statements:

I have met with the DEDC or spoken with a designated representative of the DEDC, I fully understand the Façade Improvement Program procedures and requirements thereof, and I agree to follow the guidelines of the Program.

I intend to use these grant funds for the improvement project(s) described in this application. I have not received, nor will I receive, FEMA proceeds, other grants, or insurance monies for the improvement project(s) applied for herein OR I have disclosed all pertinent insurance information.

I understand that, if I am awarded a Façade Improvement Program reimbursement grant, any deviation from the approved project may result in the partial or total withdrawal of the grant funds. If I am awarded a reimbursement grant for façade, awning, signage, beautification, or other approved work, alterations shall not be made within five (5) years from construction completion; otherwise I may be required to reimburse the DEDC immediately for the full amount of the grant.

I understand that, if I am awarded a Façade Improvement Program reimbursement grant, I must execute an agreement with the DEDC. I understand that the DEDC will not be obligated to release any funds until the agreement is executed and approved by the DEDC.

I understand that, if I sell this property after being approved for a Façade Improvement Program reimbursement grant, the approval will be nullified and is not eligible to transfer with the sale of the property.

Applicant Signature

Date

Applicant Signature

Date

APPLICATION CHECKLIST (PLEASE INCLUDE THE FOLLOWING WHEN YOU RETURN YOUR APPLICATION):

_____ COMPLETED APPLICATION FORM

_____ SCALE DRAWING BY PROJECT ARCHITECT OR DESIGN PROFESSIONAL FOR ALL GRANT WORK

_____ SAMPLES (E.G. PAINT SAMPLES, FABRIC SWATCHES, SIGN MATERIAL, ETC.)

_____ ITEMIZED WORK ESTIMATES ON ALL PROJECT WORK FROM CONTRACTORS AND/OR PROJECT ARCHITECTS