



Main Street Columbus, Inc.
2017 Facade Improvement Grant Program Application

Date of Application: _____

Name of Applicant: _____ Contact Person _____

Mailing Address: _____ Business Phone _____

Cell Phone: _____ Email: _____

Have you been a Main Street Columbus member in good standing for at least 6 months? Yes No (Circle One)

Project Address: _____ Project Property Owner _____

Estimated Project Cost: _____ Amount of Grant Requested _____

Describe Project (other paper may be used)

Will signage be added or changed? Yes No (Circle One) If yes, has approval been sought from the Columbus Historical Preservation Commission? Yes No

Project Development Cost Planning (Breakdown of Costs)

We encourage the use of local contractors and materials if at all possible!

Example:

Expense Details	Total Cost	Amount Applicant Funding	Grant (up to 50%)
Paint for entire façade (3 qty. 5 gal@ \$50 each)	\$150	\$150	\$75

Total Project Cost: \$ 150.00

Required Attachments:

- Project estimates - final estimates for project from licensed contractors in Lowndes County or quote from local building supply store.
- Current Photo(s) of property
- Project plan or drawing(s) of work to be done
- Paint color(s) - must be from Historical Collection, preferably from local downtown merchant
- Tenant applicants must have the building owner's written approval
- ALL items listed above will be presented to the Economic Restructuring Committee for consideration

The undersigned applicant affirms that:

- The information submitted herein is true and accurate to the best of my (our) knowledge
- I (we) have read and understand the conditions of the Main Street Columbus, Inc., Facade Grant Program and agree to abide by its rules and conditions
- I hereby authorize Main Street Columbus to share all application materials with the Main Street Columbus Board, Economic Restructuring Committee and the local municipality. I acknowledge that information provided to Main Street Columbus may be released as part of the program requirements, and in the reporting and promotion of the program.

Applicant Name (Printed)

Applicant Signature

Date

Approved
(Main Street Columbus Economic Restructuring Committee Chair)

Date