



## FACADE GRANT PROGRAM APPLICATION

1. Name of Applicant(s): \_\_\_\_\_

2. Name of Business: \_\_\_\_\_

3. Mailing Address of Applicant: \_\_\_\_\_

4. Project Address: \_\_\_\_\_

5. Does the applicant own the building? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If the answer to #5 is no, please provide a letter from the building owner declaring approval of the project.)

6. Estimated Project Cost: \$ \_\_\_\_\_

(Attach a detailed cost breakdown supported by one or more quotes from recognized contractors or suppliers with a written description of work to be completed. Include photo of the site to be improved and a sketch or photos of planned improvements.)

7. Total Grant Request (not to exceed 50% of project cost or \$5,000)  
\$ \_\_\_\_\_

(Matching funds will be provided up to \$5,000 for applicants who receive grant an approval of Roanoke City Council after satisfactory inspection and completion of improvement as per agreement. Work must commence within 90 days after acceptance of grant and should be complete or significantly under progress within one year of issuance of said grant.)

8. Proposed project start date: \_\_\_\_\_

9. Proposed project completion date: \_\_\_\_\_

10. What is (are) the existing uses of the building?

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11. Will the proposed project result in a change of the use of the building?

Yes \_\_\_ No \_\_\_ If Yes, please explain the change

\_\_\_\_\_  
\_\_\_\_\_

12. The following are attached to this application:

- \_\_\_\_\_ A written description of the proposed project
- \_\_\_\_\_ A drawing or rendering of the proposed project
- \_\_\_\_\_ A detailed cost breakdown of the proposed project
- \_\_\_\_\_ Quotes from contractors or suppliers
- \_\_\_\_\_ An approval letter from the building owner

The undersigned applicant affirms that:

1. The information in the application is true and accurate.
2. The applicant has read and understands the conditions of the Facade Grant Program.
3. The City of Roanoke has reserved the right in its sole discretion to reject this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_