

**MAIN STREET WINTER HAVEN  
FAÇADE GRANT APPLICATION**

Applicant's Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Property Owner's Phone: \_\_\_\_\_

Check the Grant Program for which this application is being submitted

\_\_\_\_\_ RENOVATION GRANT (maximum grant of \$3,000)

\_\_\_\_\_ RESTORATION GRANT (maximum grant of \$10,000)

\_\_\_\_\_ SIGNAGE GRANT (maximum grant of \$500)

Attach the following:

- Description of proposed work
- Photographs clearly showing existing conditions
- Historic photo or postcard of building (if possible)

AGREEMENT

I understand that in order for my request for funding to be approved, I must agree to follow the recommendations of Main Street Winter Haven's Design Assistance Team (DAT) and comply with the following:

1. Façade grants apply only to those structures and buildings within the Downtown.
2. Only projects which have not received grant funds within the past five (5) years will be given consideration.
3. Maximum amount of grant monies will be considered by the scope of work. No project will be eligible for more than one grant program.
4. General building maintenance is not eligible under this program.
5. Monies are for exterior improvements only.
6. The grant will be reimbursed upon completion of work and all paid invoices, relating to said work, documented with receipts/cancelled checks, are submitted to the Main Street Winter Haven office.
7. Any improvements NOT approved will be ineligible for funds.

8. For projects where the Applicant is not the property owner, the Applicant must obtain approval in writing that the property owner concurs with the execution of the proposed work.
9. Grant monies will be paid directly to the Applicant, not the Contractor.
10. To hold harmless the DAT and its individual members, Main Street Winter Haven, Inc. (including its Executive Director and staff), and the City of Winter Haven.

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

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*To be filled out by the Main Street Winter Haven office:*

Date reviewed by the DAT: \_\_\_\_\_

Approved: \_\_\_\_\_ Amount granted: \$ \_\_\_\_\_

Approved with the following changes: \_\_\_\_\_

Approved for partial funding: \_\_\_\_\_ Amount granted: \$ \_\_\_\_\_

Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Date submitted to CRA: \_\_\_\_\_

Date reviewed by CRA: \_\_\_\_\_