TOWN OF GIBSONVILLE
DOWNTOWN FAÇADE IMPROVEMENT GRANT PROGRAM

APPLICATION FORM

All work MUST comply with the appropriate Grant Guidelines.

(Please Print Clearly in Blue or Black Ink)

Applicant's Name _____
(Last) *(First)* *(MI)*

Property Physical Address_____, Gibsonville, NC 27249

Business Name _____

Mailing Address _____

Date: (mm/dd/year) _____ Phone _____

E-Mail _____ Fax_____

Improvement Information: On attached sheet(s) describe your proposed improvement project: provide samples, "before" photographs, pictures, or a sketch or rendering; show size; proposed color(s); method of cleaning brick storefronts; materials; location on property/building; and, manner of installation.

Total Estimated Cost of Improvement: _____

Amount of Façade Grant Requested: _____

Estimated Date of Completion of Work: _____

Please Check:

☐ I have attached project plans, specifications or other appropriate design information. A professional architectural plan is not required.

☐ I have attached a photograph(s) of existing conditions of the property.

☐ I have attached copies of cost estimates for the project (minimum of two (2) estimates required)

☐ I have attached a Façade Improvement Grant Program Budget Worksheet

☐ I have attached written permission from the property owner, if applicable.

☐ I understand that grant funds must be used only for the project described in this application. The work must be completed within six (6) months of the date that the grant is awarded. All work must be completed according to state and local building codes and ordinances and approved, when necessary, by the proper authorities.

☐ I also understand that this application ***must*** be reviewed ***before*** any work is done on the project and that no projects will be funded if work was done before the application was approved.

- I understand the improvement grant must be used for the project described in this application and that Town of Gibsonville Downtown Design Committee must review and approve the application

prior to beginning construction. I understand that failure to comply with the approved application my results in losing my eligibility to receive funds.

- I acknowledge that the Town of Gibsonville 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. There is no principal/agent or employer/employee relationship between the Town of Gibsonville and the applicant and/or owner.

- I acknowledge that this application must be accepted and all prerequisite rules and regulations must be complied with before the application can be considered for acceptance.

I am the (check all that apply): ☐ Property Owner and/or the ☐ Business Owner

Applicant must print and sign name. If applicant is **NOT** the owner of the property, the applicant must provide written permission from the property owner that he/she is in agreement of the applicant's application and the proposed work.

Applicant _____; _____
Applicant Signature

Complete and return to: **Town of Gibsonville, 129 West Main Street, Gibsonville, NC 27249 or e-mail bbaxley@gibsonville.net.**

Town of Gibsonville Downtown Design Committee and Town Manager Use Only:

☐ Approved as Submitted

☐ Approved with Modifications or Conditions
(Modifications/Conditions stated on reverse)

☐ Rejected (Reasons for rejection stated on reverse or see attached)

_____ Date _____
Town of Gibsonville Downtown Design Committee Representative

Reimbursement will be made to applicant after work is completed and pending approval from the Downtown Design Committee or Designee for the Downtown Design Committee.

Payment Info: ☐ Approved for Reimbursement ☐ Rejected for Reimbursement (see reverse)

_____ Date _____
Town of Gibsonville Downtown Design Committee Representative

Town of Gibsonville Façade Grant Approved $ _____ **($2,000 maximum).**

_____ Date _____
Town of Gibsonville Town Manager

Town of Gibsonville
Façade Improvement Grant Program Budget Worksheet

This is a required attachment for the Façade Improvement Grant Program Application
Attach additional sheets as needed

Description of Work and/or Material Please Reference Appropriate Quote	**Category (check one)**	**Dollar Amount (Round to dollar)**	
SAMPLE: Lumber and supplies per sales ad from Lowe's	Materials Labor Other	$538.00	
	Materials Labor Other		Line 1
	Materials Labor Other		Line 2
	Materials Labor Other		Line 3
	Materials Labor Other		Line 4
	Materials Labor Other		Line 5
	Materials Labor Other		Line 6
	Materials Labor Other		Line 7
	Materials Labor Other		Line 8
	Materials Labor Other		Line 9
Total Lines 1 through 9			Line 10
Divide Line 10 By 2			Line 11
Maximum Allowed		$2,000.00	Line 12
Enter lessor of Line 11 and Line 12			Line 13