

- 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