

FACADE IMPROVEMENT GRANT APPLICATION

LOCATION AND BUSINESS INFORMATION

Property Address _____

Name of Business or Organization at Property Address

Business/Tenant Phone

Business/Tenant Email

Business License No.

APPLICANT

Name

- Property Owner**
 Business/Tenant
 Mural Artist

Mailing Address (if different than property address)

Email (if different than above)

Phone (if different than above)

PROJECT INFORMATION

Select the Facade Elements you would like to address with the Facade Improvement Grant:

- Awning or Canopy replacement
 Exterior lighting
 Paint
 Windows
 Signage
 Doors/Ramps

Estimated Total Project

Cost: _____

Provide a brief description of your proposed project:

Does the Facade Improvement Project meet the following program goals (check all that apply)?

1. *Visually improves storefronts and streetscapes.*
 2. *Enhances prominent retail and commercial areas.*
 3. *Rehabilitates or enhances historic features.*

APPLICANT ACKNOWLEDGMENT:

Applicant Acknowledgment Required

Check here to acknowledge the following:

- If the City determines my application is eligible, I can enter into an agreement to qualify for a facade grant. The agreement will specify the scope of improvements to be completed and the amount of the grant I will receive when the project is completed.

- I understand that I will not receive any funds from the City until and unless my application is approved; I enter into an agreement on what improvements will be made; I complete all the improvements; and I submit a reimbursement request with proof of payment.

- I understand that the City will only pay for the following costs as defined in the [Facade Improvement Program Guidelines](#)

- I am responsible for:**
 - Match requirement as defined in the Facade Improvement Program Guidelines.
 - Any architectural fees or other costs beyond the approved grant award.

- (Must acknowledge if applying for architectural design services)* I acknowledge that the City of Mountain View's contracted architect will meet (in person or virtually) to discuss the building changes and provide a sketch of the building changes with a new facade along with a rough cost estimate. I understand that the City will review the sketch and the planned improvements to determine if my application is eligible for a grant according to the criteria in the program guidelines.

Applicant Signature

APPLICANT SIGNATURE

DATE

IF THE APPLICANT IS THE TENANT or ARTIST, THE PROPERTY OWNER MUST COMPLETE THE FOLLOWING PORTION:

OWNERS AUTHORIZATION TO PROCEED

My signature below shall serve as authorization for the above-named tenant to proceed with the physical improvements described in this application. I certify that I am the legal owner of record of the above-named property.

SIGNATURE

DATE

PRINT NAME

EMAIL

PROPERTY OWNER MAILING ADDRESS

PHONE

BUSINESS OWNER AUTHORIZATION TO PROCEED

My signature below shall serve as authorization for the above-named tenant to proceed with the physical improvements described in this application. I certify that I am the legal tenant of record of the above-named property.

SIGNATURE

DATE

PRINT NAME

EMAIL

BUSINESS OWNER MAILING ADDRESS

PHONE

ARCHITECTURAL DESIGN SERVICES

Complete this page if you are requesting Architectural Design Services:

1. Will you be opting to work with a City-retained architect or working with a firm of your choice?

Check one:

Option 1: Work with a City-retained architect (*complete Items 2 through 5 on this page*).

Option 2: Work with a firm of choice.

Identify the firm name here: _____

Option 3: My project will not require architectural design services (*move on to **ITEMIZED LIST OF FACADE IMPROVEMENTS***).

2. What goals are you trying to meet with architectural design assistance? Check all that apply:

Aesthetic: Improving the look and feel of the storefront facade.

Technical: Improving the storefront facade for safety/accessibility.

3. Please provide any additional information on your goals here:

4. Checklist of items to be included for Architectural Services:

As-Built/Existing Conditions Drawings. NOTE: If as-built drawings are not provided with the grant application, the grant recipient will be responsible for the cost of architectural services needed to prepare up to date as-built drawings.

Other designs, plans, color palettes, or materials. Please label each document.

Photos of existing conditions.

Lighting Plan (if exterior lights are proposed)

Historical or Cultural Resource Assessment (if applicable to building)

ITEMIZED LIST OF FACADE IMPROVEMENTS

Instructions: Applicants who choose to forgo funds architectural design services must complete this form with their application. Please attach written estimates from chosen vendors.

Item	Description	Estimated Cost
Awning Replacement		\$
Parapets		\$
New Signage/Sign Removal		\$
Exterior Painting/Murals		\$
Doors		\$
Exterior Lighting		\$
Replacement of Historical Features		\$
Windows		\$
City Permit(s) <i>(City staff to help determine permit costs)</i>		\$
Total Project Cost		\$
GRANT REQUEST = Total Project Cost \$ x 75% (Max \$15,000)		\$