



**CITY OF MORRISTOWN
CROSSROADS DEVELOPMENT DISTRICT**

**Façade Improvement Grant Program Application
FY 2010-2011**

I. Applicant & Property Information

Street address where work will be performed (*must be within the Crossroads Development District*):

Property Tax Map Number: _____ Group: _____ Parcel: _____ Year Built: _____

Applicant Name: _____

Name of Business: _____ Type of Business: _____

Mailing Address (*if different from street address*): _____

Telephone: _____ Fax: _____ Email: _____

Property Owner (*if different from applicant*): _____

Owner Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

If the applicant is different from the building owner, please attach a letter from the owner expressing approval of the proposed project.

II. Project Information

A. I am requesting a Small Project Grant (<\$2,000 total cost) Large Project Grant (>\$20,000 total cost)

B. Please provide a brief description of the project:

C. Will the project address existing facade deterioration? Please describe the existing condition(s) and proposed method of correction:

D. Will the project preserve any exterior historic architectural elements or restore architectural elements once removed? If so, please describe how (*including preservation methods to be utilized*):

E. Summary of type of improvements proposed (*check all that apply*):

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Repainting | <input type="checkbox"/> Paint Removal | <input type="checkbox"/> Storefront | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Exterior Lighting | <input type="checkbox"/> Awnings | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Cornice/Parapet | <input type="checkbox"/> Cleaning/Repainting | <input type="checkbox"/> Other (<i>specify</i>): _____ | |

- F. 1. Estimated total cost of improvements: \$_____
2. Total Reimbursement Requested: \$_____
- Maximum 50% of total project cost (\$999 for Small Projects or \$10,000 for Large Projects)*

- G. 1. Proposed project start date: _____
2. Proposed completion date: _____
3. Contractor information (*if known*): _____

- H. Other Comments: _____
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III. Required Attachments

A. Proof of Owner Permission for Project Attached (*if applicable*): Yes No

B. Color Photo(s) of Building Façade(s) Attached: Yes No

C. Building Elevation or Renderings Attached (*if applicable*): Yes No

D. Color Samples & Product Specifications Attached: Yes No

E. Cost Estimates Attached: Yes No

IV. Statement of Understanding

I, (We) as applicant/owner of record make this application to the FY2010-2011 Facade Improvement Grant Program for matching grant funds to be used for exterior improvements to the building listed on this application. I understand that participation in the program requires me to follow program guidelines that govern improvements made under the program, including those improvements made with my portion of the project cost. I am willing to comply with program guidelines, timelines and execute required materials. I understand that the guidelines are in addition to, and do not supplant, local, state and federal regulations. I further declare that I understand that this is a reimbursable grant program, meaning that successful applicants must undertake and incur the costs for grant funded projects prior to receiving actual grant funds and that all work must be completed and consistent with the approved scope of work prior to reimbursement and be an active participant in the program process from beginning to end. I am prepared to meet Davis Bacon compliance if the total costs exceed \$2,000.

Signature: _____ Date: _____

Office Use Only

Date received: _____ Application Number: _____ On Site Meeting: _____

Date Approval of Application Granted/Denied: _____

Application Approved in the amount of \$ _____

Amount Paid: \$ _____ Date Paid: _____

Notes: _____

