



Façade Improvement Mini Grant

This grant program is a 1/1 matching reimbursement grant with a maximum request of \$3,500 per façade.

The applicant is required to provide an architectural drawing or sketch and provide a five minute oral presentation at the Longmont Downtown Development Board of Directors meeting.

Applications will be evaluated quarterly. Applications will be reviewed on the fourth Wednesday at 4:15pm in the months of March, June, and September. Projects may take up to two months for review/approval depending upon the scale of the project and or completeness of the application.

Upon approval, the applicant has **six months** to **begin** their project. Construction must be **completed within one year** of date of approval. Failure to do so will forfeit the grant.

Enclosed in packet:

Ideas funds may be used for.

Application

Application check list

Facade Mini Grant Application Check List

- Proof of taxes paid for existing business only (must be current).
- Two professional contractor estimates of the cost of improvements.
- Design Sketch (color choices and materials to be used)
- Written approval of building owner if renting.
- Legal description of property.
- Project schedule
- Application

Façade Mini Grant

Ideas funds may be used for:

- Removal of false façade
- Pressure cleaning
- Stucco, new or restoration
- Painting (all colors must be approved)
- Window or door replacements or repairs
- Repointing of mortar joints for bricks or stone
- Awnings/canopies (including the removal of old awnings and canopies and installation of new awnings and canopies)
- Alley entry way improvements
- Alley Trash receptacle enclosure
- Entry way tile in exterior doorways.

Projects that will not be covered:

Roofing

HVAC

Interior remodeling

Landscaping

**LONGMONT
DOWNTOWN DEVELOPMENT AUTHORITY
FAÇADE IMPROVEMENT**

DIP MINI GRANT

Applicant:

1. Name _____
2. Address _____
3. Telephone Home _____
Work _____
3. Name of Business _____

Project Information:

1. Building Address _____
2. Legal Description _____
3. Ownership _____
4. Leasehold Interests (attach evidentiary materials)
Name: _____
Address: _____

C. Description of Work (include materials and color):

2. Project Schedule: (Attach time line for completion)
Start Date: _____ End Date: _____

Source of Funds:

a. _____ \$ _____
b. _____ \$ _____
c. _____ \$ _____

5. **DIP Mini Grant Request:** \$ _____

Total cost of project: \$ _____

Applicant, by virtue of signature on this applicant document and upon acceptance of funds provided by the Longmont Downtown Development Authority agrees to the **terms and requirements of the DIP Mini Grant Program.**

Date

Applicant Signature