

MASON DOWNTOWN DEVELOPMENT AUTHORITY

FACADE GRANT PROGRAM APPLICATION

1. Name of Applicant(s): _____

2. Mailing Address of Applicant: _____

3. Telephone Number: _____

4. Project Address: _____, Mason, Michigan

5. Does the applicant own the building? _____ Yes _____ No

(If the answer to No. 5 is "No", please attach a letter from the building owner expressing approval of the proposed project.)

6. Estimated Project Cost: \$_____

(Attach a detailed cost breakdown supported by one or more quotes from recognized contractors or suppliers.)

7. Total Grant Request: \$_____ which is _____ % of the total project cost

8. Proposed project start date: _____

9. Proposed project completion date: _____

10. What is (are) the existing use(s) of the building? _____

11. Will the proposed project result in a change in use of the building? ___ Yes ___ No

If your answer is "Yes", please explain the change: _____

_____.

12. The following are attached to this application:

_____ A written description of the proposed project

_____ A drawing or rendering of the proposed project

_____ A detailed cost breakdown of the proposed project

_____ Quotes from contractors or suppliers

_____ An approval letter from the owner of the building

The undersigned applicant affirms that:

1. The information in this application is true and accurate.
2. The applicant has read and understands the conditions of the Mason DDA Façade Grant Program.
3. The Mason DDA has reserved the right in its sole discretion to reject this application..

Date: _____

Signature of Applicant(s):

Tax ID# of business: _____

When completed submit to: Phil Birdsall, Mason DDA Executive Director, 201 W. Ash,
Mason, MI 48854