



FACADE IMPROVEMENT GRANT OPPORTUNITY

APPLICATION REVIEW CYCLE (select one):

JULY 18

SEPTEMBER 19

NOVEMBER 1

FEBRUARY 1

PROJECT INFO

BUSINESS NAME

TAX PARCEL NUMBER

PROJECT ADDRESS

ESTIMATED START DAY

ESTIMATED COMPLETION DAY

ESTIMATED PROJECT COST

x 50% =

GRANT AMOUNT REQUESTED *
(NOT TO EXCEED \$10,000)

PROJECT DESCRIPTION:

Please select one or more work that applies to this project.

PAINTING

MASONRY WORK

SIGNAGE

GENERAL REPAIR

AWNING REPAIR OR REPLACEMENT

WINDOWS AND DOORS

PROJECT DETAILS:

*Funds will be allocated as they are available and for the most appropriate project.

APPLICANT INFO

APPLICANT LEGAL NAME

PHONE NUMBER

EMAIL ADDRESS (Must provide)

ARE YOU THE OWNER OF THE PROPERTY IN DISCUSSION OR THE TENANT?
If tenant, the property owner must complete an Owner Consent Form).

PROPERTY OWNER
 TENANT

HAVE YOU RECEIVED A DDA FACADE GRANT IN THE LAST 5 YEARS?

YES NO

IF TENANT, PLEASE PROVIDE PROPERTY OWNER NAME

PROPERTY OWNER PHONE NUMBER



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DOCUMENT CHECKLIST

City of Port Huron Downtown Development Authority must receive all of the documents below to process your application. Incomplete applications cannot be considered. Applications are reviewed periodically and application deadlines occur on July 18, September 19, November 14, and February 15.

- Complete Application.**
- Owner Consent Form.**
- City of Port Huron Sign and/or Building Permit.**
- Copy of HDC meeting minutes confirming project approval** (if applicable).
- Color samples of final paint selections and/or final building material selections.** Paint swatches, or material samples, etc.
- Photographs of Existing Facade.** Submit photos of your building in its current condition. Be sure to indicate what improvements you are proposing to make in each.
- Detailed Cost Estimates / Bids for Proposed Improvement.** Estimates should be itemized.
- Drawings of Proposed Facade.** Include a concept drawing of what the site will look like after work is completed. For larger projects involving a major scope of work this will include copies of renovation plan and site plans.

By signing below, the Applicant acknowledges that they have read and understands the program guidelines for the Facade Improvement Grant Program available through the City of Port Huron Downtown Development Authority. Applicants understand that applications are reviewed periodically and that application deadlines occur on July 18, September 19, November 14, and February 15. Incomplete applications cannot be considered. The Applicant assures that the information contained in the application is true and correct and agrees to comply with all City of Port Huron guidelines and permissions applicable to this program. The Applicant authorizes the City to use their name, likeness, photos and or information about the project participating in the program for promotional purposes.

By signing below, the Signatory acknowledges they are duly authorized to act on behalf of the Applicant and that the Applicant is properly organized and licensed to conduct business in the State of Michigan.

APPLICANT PRINT NAME

TITLE

SIGNATURE

DATE

BUSINESS NAME

BUSINESS ADDRESS

RETURN COMPLETED APPLICATIONS with all required attachments to:

Downtown Development Authority
Attn: Natacha Hayden
100 McMorrان Blvd.
Port Huron, MI 48060

**For questions, contact DDA Director,
Natacha Hayden, at (810)984-9718 or
haydenn@porthuron.org**

FOR DDA USE ONLY: _____
STATUS

AMOUNT PRE-APPROVED

