

MASON DOWNTOWN DEVELOPMENT AUTHORITY

FAÇADE GRANT PROGRAM APPLICATION

Name of Applicant(s): _____

Mailing address of Applicant(s): _____, Mason MI 48854

Telephone number of Applicant(s): _____

Project address: _____, Mason MI 48854

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.)

Estimated project cost: \$ _____

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

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

Proposed project start date: _____

Proposed project completion date: _____

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

Will the proposed project result in a change in use of the building? ____ Yes ____ No If your

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

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:

The information in this application is true and accurate.

The applicant has read and understands the conditions of the Mason DDA Façade Grant Program.

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: Eric E. Smith, Mason DDA Secretary/Treasurer, 201 W Ash, Mason MI 48854