

# Village of Ravenna

## DOWNTOWN DEVELOPMENT AUTHORITY

*Please check below for the grant you are applying.*

\_\_\_\_\_ FACADE IMPROVEMENT GRANT APPLICATION

\_\_\_\_\_ SIGN and AWNING GRANT APPLICATION

### APPLICANT INFORMATION

1. Property/Business Owner

Name: \_\_\_\_\_

2. Business

Name: \_\_\_\_\_

3. Property

Address: \_\_\_\_\_

4. Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

5. Is the building owned by the applicant? Yes / No

If No, please attach a signed letter from the property owner expressing approval of the proposed project.

### PROJECT INFORMATION

On separate sheets of paper, please describe your project in detail. Tell a) what it is you want to accomplish - drawings are required, b) how this project meets the Purpose and Priorities of the DDA Facade Improvement Program as listed in the Guidelines, c) who you have identified to do the work and the reason(s) for your selection, and d) a preliminary timetable for accomplishing the work. Also enclose a detailed expense budget/estimate for this project.

NOTE: There is a \$100 application fee, due at the time this application is submitted. This fee will be refunded if a project is not approved, or if the project is approved and completed. Applicants who receive a grant award and do not complete the project will forfeit this application fee.

Applicants that are denied may re-apply in 6 months.

THE UNDERSIGNED APPLICANT(S) AFFIRMS THAT:

- The information submitted herein is true and accurate to the best of my (our) knowledge.
- The property contained in the application is located in the Ravenna DDA District.
- I (we) have read and understand the conditions of the Downtown Development Authority's Facade Improvement Program and agree to abide by its conditions and guidelines.
- If I (we) do not implement improvements submitted by me (us) on a plan approved by the Facade Improvement Program I will not be eligible for reimbursement of any costs associated with said improvements.
- If I (we) understand that if I (we) are found to be non-compliant with The conditions of this program, the DDA may nullify the grant award and that I (we) may not apply to this program again for a period of one (1) year following the DDA's decision.

Signature of Applicant(s):

\_\_\_\_\_

Property Tax I.D.#: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Federal Business Tax ID#: \_\_\_\_\_

If a tenant, signature of property owner(s):

Property Tax I.D.#: \_\_\_\_\_

Date: \_\_\_\_\_

Last modified 7/08/2010 DDA/Façade Master\ Grant application.doc