



FACADE IMPROVEMENT GRANT OPPORTUNITY

APPLICATION REVIEW CYCLE (select one):

- _____
- SEPTEMBER 1
- 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 \$1,000)

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? PROPERTY OWNER
If tenant, the property owner must complete an Owner Consent Form. 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 September 1, November 1, and February 1.

- 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 September 1, November 1, and February 1. 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

IF THE APPLICANT DOES NOT OWN THE PROPERTY, THE BELOW OWNER CONSENT FORM MUST BE COMPLETED BY THE PROPERTY OWNER AND SUBMITTED WITH THE APPLICATION.

OWNER CONSENT FORM

The undersigned owner of the existing building located at: _____
(Address) certifies that _____ (Applicant) operates or intends to
operate a business at the above location. The undersigned agrees to permit the Applicant and his contractors to implement the
improvements listed on the Facade Improvement Grant Program Application ("the Application") dated _____.

The undersigned hereby waives any claim against the City of Port Huron ("the City") arising out of the use of said grant funds for
the purpose set forth in the Application. The undersigned agrees to hold the CITY harmless for any charges, damages, claims,
or liens arising out of the Applicant's participation in the Facade Improvement Grant Program.

In witness whereof, the owner has hereunto set his hand and seal, or if a corporation, has caused this instrument to be signed in
its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, if a
Partnership by its Partners, if a LLC or LLP, by its Member/Managers, etc. the day and year first above written.

COMPANY SEAL:

COMPANY NAME

PRINT NAME

SIGNATURE

TITLE

I, _____, a Notary Public, do hereby certify that
_____ personally appeared before me this day and acknowledged
the due executions of the foregoing instrument.

WITNESS my hand and official seal or stamp, this _____ day of _____, _____.

PRINT NAME OF NOTARY

SIGNATURE OF NOTARY

DATE

Notary Public, State of _____, County of _____.

Acting in the County of _____.

My commission expires _____.