



# Town of Johnstown

## Downtown FAÇADE Grant Program Application

### Required Documents

- Signed & completed application
- W-9
- Written description of scope of project
- Drawings/plans, to scale, with dimensions
- Color photos of existing conditions
- Contractor Bids
- Letter of Commitment for matching funds
- Written approval by owner (if needed)

### Program Elements – see Full Program Description for eligibility and requirements.

- The project must be completed within 180 days (6 months) of Determination of Award. Reasonable extension requests must be reviewed by the Town.
- Work completed prior to grant approval is not eligible for funding.
- Reimbursements occur after the project completion, upon submission of appropriate documents, and following Town inspections.
- All required permits and fees are the responsibility of the owner / applicant.
- Proposed work will be reviewed by the Johnstown Review Committee.
- Applicants will receive correspondence and Determination of Award by e-mail at the address(es) provided.

FAÇADE REHAB/RENOVATION PROJECT

SIGN ONLY

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

Name of Business: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

Property Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Estimated Start Date\*: \_\_\_\_\_

Estimated Completion Date\*: \_\_\_\_\_

**Total Cost of Project (attach bids):**

\$ \_\_\_\_\_

Amount Requested (max 50% of total cost / \$10,000):

\$ \_\_\_\_\_

**Signage Project – Total Cost (attach bids):**

\$ \_\_\_\_\_

Amount Requested (max 50% of total / \$1,000)

\$ \_\_\_\_\_

*I hereby provide approval for the scope of this proposed project, and acknowledge that I have read the Program Description and Eligibility requirements, and am responsible to provide matching funds for at least 50% of the total project costs:*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

The Community That Cares

johnstown.colorado.gov

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