

Refresh Façade Improvement Grant Program:

A Commercial Façade Grant Program

Application 2015



Internally Adopted June 11, 2015

# Preparing the Application

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The applicant is required to work closely with the Downtown Mobile Alliance in the early stages of design to ensure that the proposed project is in conformance with the historic district design guidelines, if applicable, and the Downtown Development District zoning.

The application deadline is on a rolling basis. Applications will be received and reviewed on a first-come-first-serve basis.

If the application is deemed complete, it will move forward to the Incentives Committee for review no later than two (2) weeks after receiving a completed application. Incomplete applications will not be received.

**PLEASE HAND DELIVER COMPLETED APPLICATION TO:**

**Refresh Façade Improvement Grant Program  
c/o The Downtown Mobile Alliance  
261 Dauphin Street  
Mobile, AL 36602**

**PHONE: (251) 434.8498 | Email:fred@downtownmobile.org**

- In order to be eligible for funding, this application and all additional documents must be submitted and approved by a Selection Committee, prior to commencement of work.
- Failure to have alterations, revisions or changes approved in advance will result in termination of the contract and forfeiture of matching grant funds.
- The application shall be denied if any work commences prior to application submission.
- All work shall be completed within nine (9) months from the date of the executed program contract.

# The Application

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## Applicant Information:

Applicant(s) Name: \_\_\_\_\_

\_\_\_\_\_

Applicant(s) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

What is your legal interest in the property?  Property Owner  Tenant  Other: \_\_\_\_\_

If applicant is not a legal property owner, please complete the following:

Property Owner(s) Name: \_\_\_\_\_

Property Owner(s) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

If property owner is a business entity, please complete the following:

Form of ownership:  Proprietor  Partnership  Corporation (State: \_\_\_\_\_)

Owner Name(s)

Title

% Ownership

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

# The Application

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## Property Information:

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

Tax Parcel ID Number(s): \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Block / Lot: \_\_\_\_\_

Total Building Square Footage: \_\_\_\_\_

Property Zoning Classification: \_\_\_\_\_

Historic Building Designation: Y  N

Current Use of Property: \_\_\_\_\_

# The Application continued

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## Occupancy Information:

Please provide the following information for ALL current business occupants:

Business Name Owner/Manager Name Phone Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Detailed Project Description:

In the space below, please describe your proposed project in detail.

*A final version of a detailed project scope is not required for pre-approval of an application, but must be presented to the Downtown Mobile Alliance prior to final project approval. This scope of work and any site plans and and/or architectural drawings will be included in your contract, which must be adhered to in order to receive final reimbursement.*

Use the following checklist to help ensure you describe all elements of your project:

- Design Assistance
- Structural Improvements
- Remediate Code Deficiencies
- Window, Storefront, Cornice or Door Repairs and/or Rehabilitation
- Lighting, Removal of Security Gates, Signage or Awning Installation
- Façade Treatment (paint, stucco, brick, stone, etc.)
- Removal of any non-conforming elements

Proposed façade improvements: \_\_\_\_\_

# The Application continued

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## Project Description:

# The Application continued

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**This part is to be completed by The Downtown Mobile Alliance:**

1. Staff Contact: \_\_\_\_\_

2. Completed pre-application received on: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Application reviewed by the DMA on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Decision:**  Eligible  Ineligible

Comments: \_\_\_\_\_