

TOWN OF ALBION



P.O. Box 27 Albion, Indiana 46701

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Gateway to Chain O' Lakes State Park

FAÇADE IMPROVEMENT MATCHING GRANT PROGRAM APPLICATION

CONTACT INFORMATION		
Primary Contact Name:	Primary Contact Phone:	Primary Contact Email:
Attachments: <ul style="list-style-type: none"> • 3 itemized formal estimates of work to be completed from Independent Contractors or written proof of request for three quotes and their refusal to provide one. (Applicant must actively seek each quote from different qualified contractors. A contractor cannot give quotes for work from other contractors) • Project budget reflecting all revenue sources and expenses (designate which budget items would be paid for with the grant funds) • Copies of planned designs and drawings (if available) • At least two (2) photos of building emailed in JPEG format to albionmanager@frontier.com • Statement from the Noble County Treasurer's Office showing that taxes are current • Completed W-9 Form from the Applicant • <u>Upon Completion of Project, a copy of a cancelled check, and a written receipt are needed to reimburse grantee</u> 		
BUSINESS INFORMATION		
Property Address:		
Tenant Name:		
Tenant Email Address:	Tenant Contact Phone:	
Federal ID of Building Tenant:	Lease Expiration Date:	
BUILDING & PROPERTY INFORMATION		
Building Owner Name:		Federal ID# of Business Owner:
Building Owner Mailing Address:	City/ State:	Zip:
Owner's Email Address:		Owner's Phone:
Current Use of Building:		Number of Business Located in Building:
Total Square Footage of Building:		Estimated Sq. Footage of Improvements:
Zoning of the Property:		

Have area neighborhood groups been consulted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neighborhood Contact:
Is design assistance needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide design consultant contact:
Are the Property Taxes Current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Taxes MUST be current
Is property within designated historical district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, project will need approval from Historical Dist.
Is there any structural damage to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, building must be inspected prior to work
Have any City/County violations been filed against this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:

PROJECT INFORMATION

Please give a brief description of proposed work (expand this space as needed or attach another page):

Please describe the community impact of this project as it relates to the program priorities listed on page 1 above (expand space as needed):

Grant Requested: \$ _____

Date of Application:

Total Estimated Cost of Improvements:
\$ _____

Source(s) of Cost Estimate (Name and Address of Contractors):

1.)

2.)

3.)

Building Owner Signature (if Tenant is applying):

Applicant Signature: