



Facade Grant Application Form

Official Use Only
Date Rec'd _____
File No. _____

Applicant's Name

Complete Address (Subject Property)

Company/Business Name

Complete Mailing Address

Contact Person

Phone

Email

Applicant is the Building Owner Tenant

Building Owner Information (if different from applicant)

Owner's Name

Complete Mailing Address

Contact Person

Phone

Email

Signature of building owner indicating consent for improvements

Project Start Date

Anticipated Completion Date

Please provide a general description of the overall project.

Will you be using a contractor for this project? Yes No

If yes, please supply the following contractor information:

Contractor's Business Name

Complete Address

Contact Person

Phone

NOTE: Attach a copy of the cost estimate from the contractor, if applicable

Please include the following information with your application form:

Photographs clearly showing existing conditions of the area to be improved.

Drawings or sketches showing the proposed maintenance improvement(s).

Exact color samples of paint to be used.

Cost estimate for the project (itemized).

Estimated total budget for proposed project

Total Grant Amount Requested (up to \$10,000)

I agree that the information provided above and within is accurate and correct to the best of my knowledge.

Signature of Applicant

Date

Please return completed form to:

City Manager's Office
187 SE Court Street
Dallas, OR 97338
503-831-3502
sam.kaufmann@dallasor.gov

Urban Renewal Area Map

