



## TOWN OF OLATHE

### FAÇADE IMPROVEMENT GRANT APPLICATION

#### APPLICANT INFORMATION

Applicant Business Name: \_\_\_\_\_

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

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

\_\_\_\_\_

Applicant Phone Number: (Store) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

Project Address: \_\_\_\_\_

#### PROPERTY OWNER INFORMATION

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

Property Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

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

#### PROJECT SCOPE

Paint Only ☐

Façade Repairs ☐

Awning ☐

Signage ☐

Windows ☐

Entry Way Door ☐

Other ☐

Please describe intended project scope:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROJECT BUDGET

Requesting Grant Amount: \_\_\_\_\_

Grant Match (25% of total project): \_\_\_\_\_

Fill out budget spreadsheet below listing project materials, estimated costs, grant amount request and matching funding.

<u>Project Expenditure</u>	<u>Estimated Cost</u>	<u>Grant Requested</u>	<u>Matching Funds</u>
Requested Amount:		\$ _____	
Match Amount:			\$ _____
Total Cost:	\$ _____		

***Attach all required awning/canopy sign design, samples of paint, windows, doors, etc, as well as photographs of building's exterior façade. If you have any questions please call Scott Eklund or Monique Garrett at 970-323-5601.***

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Grant Amount: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Grant Awarded: \_\_\_\_ Yes \_\_\_\_ No

Awarded Grant Amount: \_\_\_\_\_

Grant Match: \_\_\_\_\_

Agreement BOT Date: \_\_\_\_\_

Award Expiration Date: \_\_\_\_\_

Account to be Charged: \_\_\_\_\_