

## **Micro Façade Grant Application**

Applica	ant Name(s):
Applica	ant Address(es):
Applica	ant Phone Number(s):
	ant Email Address(es):
Are you	u 18 years of age or older? (select one): □Yes □No
Busines	ss Name:
Busines	ss EIN:
Grant R	Request Amount:
Year B	uilding was Built:
If awar	ded, can we use your project to market the Micro Façade Grant? Yes No
Require	ed Items:
	Grant application Attach project timeline (up to 5 points) Attached project costs summary (up to 5 points)
Narrati	ves
1.	Give a general description of your project. (up to 10 points):
	What visual impact will the project have on your building? On the business/main street district you are located within? (up to 10 points):
	Will this project increase employment, revenue, or residence(s) downtown or in your district? (up to 10 points):

4.	Is this project historically appropriate (i.e. not removing or harming historical elements of the building)? (up to 5 points):
5.	Do you have drawing—either architectural, Main Street Iowa, or contractor-drawn? (up to 5 points)  Circle One: Yes No  Explain and Attach:
6.	Does this project address any structural integrity issues (examples—tuck-pointing, caulking, leak fixes)? (up to 5 points):  Circle One: Yes No  Explain