

**LOVINGTON MAINSTREET
FAÇADE IMPROVEMENT PROGRAM
GRANT APPLICATION**

Business Name: _____

Applicant Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Email: _____

Address of building for which you are requesting assistance: _____

Project Information:

Summary of project: _____

Project Needs (materials/labor/etc): _____

Total Project Cost: _____

Do you need architectural/design assistance? _____ Grant Amount Requested: _____

I, the undersigned, hereby submit this form to Lovington MainStreet's (LMS) Façade Improvement Program as a request for assistance to make approved changes to my façade. I understand that this application for assistance must go through an approval process and may be declined based on the program's guidelines and/or availability of funds.

Business Owner

Date

I, the undersigned, understand that the tenant of my building is requesting assistance to make façade improvements to my building. I agree to participate in the design process as necessary and will allow any approved changes to the façade of the building located at the address identified on this form.

Building Owner

Date

Office Use:

Application reviewed by the FIP Committee on _____ (date).

____ Request approved in the amount of \$ _____ Request declined

Signed by: _____ (FIP Committee Representative)

Application approved by the LMS Management Committee on _____ (date)

By: _____ Its: _____