Application for St. Cloud Downtown Exterior Improvement Grant Program

**Please remember to include photos of your building(s) and/or property as they relate to the types of improvements indicated on this application. **

Applicant and Property Owner Information

Applicant: _____
Phone: _____ Email:_____
Mailing Address: _____
Property Owner: _____
Phone:_____ Email: _____
Mailing Address: _____

Project Information
Business Name: _____
Business Address: _____

Project Description

Please provide an accurate and thorough summary of your project including colors and materials of proposed improvements. The photographs taken of your building(s) and property will assist in a visual manner to further support your written project description.

_____
_____
_____
_____
_____
_____

Based on the description of your project and your motivation for making these improvements, please select which project preference item(s) you feel your project meets:

_____ Positively contribute to downtown revitalization efforts.
_____ Result in permanent visible improvement that would not otherwise be made.
_____ Demonstrate a ratio of private to public investment greater than 2:1

Based on the proposed project, please provide your best estimate of the entire project cost: $_____

If the project cost comes in at or exceeds your estimate, do you have private funds readily available to complete the proposed project? (Y/N) _____

If no, by what means will you secure funding and still complete the project within a timely manner?

_____

If your project is approved, does completing the project in a timely manner (within one year) pose any concerns for you? (Y/N) _____

Grant Disbursement
Awarded loan funds will be disbursed as a reimbursement to the applicant upon completion of the project and submittal of receipts or invoices for supplies purchased and inspection which certifies the work completed is in accordance with the EDA approval and other city ordinances.

Certification
City staff or an authorized representative shall have the right to inspect the property to be improved at any time from the date of application upon giving due notice to the owner and occupants.

I/We understand that any intentional misstatements will be grounds for disqualification.

I/We authorize program representatives the right to access the property to be improved for the purpose of the grant program and to take photographs of the structure before and after rehabilitation.

I/We further understand that I/we will make the final selection of the improvements to be made with the loan funds and that the contract for improvements will be solely between myself and the contractor(s). The administering agency will not be liable for the inadequate performance of the contractor(s).

The information on this application is accurate. I have read, understand and agree to comply with the program criteria for the St. Cloud Exterior Improvement Grant Program.

_____
Signature of Applicant Date

_____
Signature of Property Owner(s) (If different than Applicant

Contact:
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