

GRANT APPLICATION

Applicant's Name: _____ Date: ___/___/___

Company Name: _____ Phone: _____

Mailing Address: _____

Business EIN: _____ E-mail: _____

Is Applicant the property owner? Yes No If no, please complete the following:

Property Owner Name: _____

Mailing Address: _____ Phone: _____

_____ E-mail: _____

Have you received a grant from the FBMS Façade Improvement Program in the past 12 months?
Yes No

Is this property:

New construction? Yes No

Government-owned property? Yes No

A national franchise? Yes No

Description of the Façade Improvement project:

Estimate Project Start Date: ___/___/___ (Day/Month/Year)

Estimate Project End Date: ___/___/___ (Day/Month/Year)

Estimated Total Project Budget: _____

Grant Amount Requested: _____

The following items are included with this application:

- Before/after sketches or photographs or illustrations
- Detailed proposal and/or estimates
- Property Owners Affidavit (if applicant is not property owner)

I have reviewed the following documents, as they pertain to my application:

- Codified Ordinances of the City of Fernandina Beach
- Fernandina Beach Historic District Commission Design Review Standards
- Façade Improvement Program Application Instructions

If the application and request is approved, the following will be required:

- Apply for and obtain all necessary permits.
- Submit receipts/invoices to FBMS once the project is complete.
- City inspection of improvements to ensure compliance with the COA and intended outcomes based on the funding application submittal.

I agree that the information provided above and within is accurate and correct to the best of my knowledge. I also assure that the property listed is in compliance with all laws, ordinances, rules, and regulations of the state of Florida and the City of Fernandina Beach.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date of Application: ___/___/___