City Of McMinnville

McMinnville Urban Renewal Agency
c/o Planning Department
231 NE Fifth Street ○ McMinnville, OR 97128
(503) 434-7311 Office ○ (503) 474-4955 Fax
www.ci.mcminnville.or.us

Façade Improvement Grant Application

Applicant Information

Applicant is: ☐ Property Owner ☐ Contract Buyer ☐ Option Holder ☐ Agent ☐ Other_____

Applicant Name_____ Phone_____

Contact Name_____ Phone_____
(If different than above)

Address_____

City, State, Zip_____

Contact Email_____

Property Owner Information

Property Owner Name_____ Phone_____
(If different than above)

Contact Name_____ Phone_____

Address_____

City, State, Zip_____

Contact Email_____

Site Location and Description
(If metes and bounds description, indicate on separate sheet)

Business Name_____

Property Address_____

Assessor Map No. R4_____ - _____ - _____

Project Information

Estimated Project Start Date:_____ Estimated Project Completion Date:_____

Grant Amount Requested *(no more than $2,500):* $_____

Applicant Matching Funds: $_____

Total Project Costs: $_____

Note: The total grant amount requested should equal or exceed the matching funds total.

Project Budget

Attach documentation for costs such as contractor's bids or detailed estimate for materials and labor costs. *(Attach additional sheets as needed)*

Labor	Materials	Purpose (i.e. painting, awning, repair)	Estimated Cost
			$
			$
			$
			$
			$
			$
			$
			$
		Total Project Costs:	$

Description of Project/Use of Funds

Describe below all proposed improvements included in your project to include a summary of the building's current condition, areas to be improved and how, as well as any proposed materials or colors. Please enclose pictures, drawings, as necessary to help describe the work. *(Attach additional sheets as needed)*

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In addition to this completed application, the applicant must provide the following:

☐ *Digital photographs of the existing building façade.*

☐ *Photos, plans, and/or sketches of the proposed improvements*

☐ *Quotes, fee proposal, and any other information that supports the proposed budget.*

I agree to comply with the guidelines and standards of the McMinnville Urban Renewal Agency's Façade Improvement Grant Program and I understand that this is a voluntary program, under which the City has the right to approve or deny any project or proposal or portions thereof.

_____   _____   _____
Applicant Signature   Print Name   Date

_____   _____   _____
Owner (if different) Signature   Print Name   Date