

FACADE IMPROVEMENT PROJECT

Facade Improvement Grant Application **75% match required**

ELIGIBILITY

- Applicants must be the property owner or business tenant and in good standing with the government and local authorities.
- The building must be located in a defined district, as determined by Barton County. That area may include the “downtown areas” of Claflin, Ellinwood, Great Bend and Hoisington and those businesses within “eye shot” of same. Please refer to the maps found under the Façade Improvement Grant tab under “Living in Barton County” on the County’s website – www.bartoncounty.org.
- All property taxpayers are eligible for funding.
- Funds are for existing street-facing commercial properties in the defined community downtown areas of Claflin, Ellinwood, Great Bend, and Hoisington, Kansas.
- This program gives priority to retailers and restaurants.
- Funds may not be used for work begun before receiving a Grant Award Letter and Grant Agreement from Barton County.
- No more than one property, per application.
- No more than three properties, per year, per owner(s), and shareholders.

1. APPLICANT

Applicant's Name: _____

Owner ___ Tenant ___ If Tenant, Date of Lease Expiration: _____

Property Address: _____

Mailing Address: _____

Email: _____

Contact Phone Numbers: _____

Building exterior linear feet: _____

If you are not the property owner, you are required to submit a letter with the property owner's written approval of this application and project design. The letter must also include the property owner's complete contact information.

2. BUSINESS (if the building is occupied by a business)

Name of Business: _____

Business structure

<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> C Corporation
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Partnership	<input type="checkbox"/> Nonprofit Organization (not eligible)
<input type="checkbox"/> S Corporation	

Number of Employees

Full		Part	
------	--	------	--

Date Business Established: _____

Current Year Average # of Customers per Month: _____

Current Year Average Gross Sales per Month: _____

Business category type (retail & restaurant are priority)

<input type="checkbox"/> Retail (clothing, shoes, boutiques, gifts, groceries)	<input type="checkbox"/> Wholesale (distributor, go-betweens, resells in smaller batches to retail)
<input type="checkbox"/> Restaurant (coffee house, bakery, take & bake, convenient food, steakhouse)	<input type="checkbox"/> Manufacturing (sales to retail, industrial parts)
<input type="checkbox"/> Service (medical, banking, accounting, package delivery, landscaping, dentist)	

Describe what types of goods and services the business provides:

3. Project Design

Please attach the following:

- Project narrative must describe the following:
 - How the building is currently being used
 - Why the update is necessary
 - Define the project area
 - Describe the scope of work to be completed
 - Explain Colors, styles, and design concepts
 - Other pertinent information.

- Photos of the front of the building's exterior, including problem areas that will be renovated.
- Quote for all project expenditures from a Barton County licensed contractor(s) and vendor(s). If you are not able to secure a Barton County contractor or vendor for your project, provide a thorough explanation as to why not.
- Samples of products and depictions of the finishes and products that will be used in the façade improvement.

Project Start Date: _____ Completion Date: _____

4. Finance

Please attach the following

- Completed W9 as Barton County is required to file informational returns (Form 1099-G) for entities receiving funds.
- Proof of property insurance to ensure the building has protection against most risks.

Complete the below Budget Overview

VENDOR NAME	DESCRIPTION	AMOUNT
<i>(ABC Company)</i>	<i>(electric, masonry, awning)</i>	<i>(must match grant amount)</i>
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

No more than twenty-five percent of the award may be used toward signage. No more than twenty-five percent of the award may be used toward windows. Applicants are encouraged to use more than fifty percent of the award toward visual impact.

Total Project Costs (must match Budget Overview total): _____

Grant Amount Requested (\$20,000 max): _____

5. Authorization

All information in this application and all information furnished in support of the application is given for the purpose of obtaining a grant from the Barton County's Façade Improvement Grant program. The application is true and complete to the best of my knowledge, and I have read and fully understand the requirements of the program. If funded, photos and information pertaining to the award may be used to advertise the program and communicate information to the public.

Signature: _____

Print Name: _____ Date: _____

Remit application to:

Barton County Façade Improvement Grant
Diana Watson, Administrative Assistant
1400 Main, Room 107
Great Bend, Kansas 67530
620.793.1800 / dwatson@bartoncounty.org