



1001 Arendell Street, Morehead City, NC 28557
252-808-0440

MATCHING FAÇADE GRANT APPLICATION

Please complete this application and return to kathryn@downtownmoreheadcity.com

Illegible/incomplete applications will be returned to the applicant.

Business Name: _____

Property Address: _____

Property Owner: _____

Applicant: _____

If applicant is not the owner, a signed agreement authorizing the work must be attached as part of the application.

Mailing Address: _____

Phone: _____ Email: _____

Current Use of Building: _____

Proposed Use of Building: _____

Summary of Proposed Façade Grant:

Total Façade Improvement Cost	\$ _____
Total Entire Building Renovation Cost	\$ _____
Total Committed Property Owner Contribution	\$ _____
Total Committed Business Owner/Tenant Contribution	\$ _____
Grant Amount Requested	\$ _____

(Note: Request Amount limited to 50% of Total Façade Improvement Cost, not to exceed \$5,000)



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Required Attachments

Please check mark next to each item, as required, to show it has been included in application packet.

- Current color photograph of façade.
- Architectural design drawings. Must be to scale and include annotations of all proposed improvements.
- Samples of proposed materials, paint colors, landscape design, etc.
- Itemized contractor estimates. [Costs of labor and materials must be itemized separately.]
- Written permission from property owner authorizing work, if applicable.
- Signed lease agreement, if applicable.

Estimated Construction Start Date: _____
[All work must be completed six months from this date.]

Please initial next to each item.

- _____ I understand that I must meet with DMC, Inc. and Town of MHC staff with all requirements gathered in a scheduled pre-application meeting prior to submitting the matching façade grant.
- _____ I acknowledge that this application must be accepted, and all prerequisite rules and regulations must be complied with before the application can be considered for acceptance.
- _____ I understand the façade grant must be used for the project described in this application and that DMC, Inc.'s Design Committee must review and approve the application prior to beginning construction. I understand that failure to comply with the approved application may result in losing eligibility to receive funds.
- _____ I understand all work applied for in this project must be on the exterior of the building. Examples include awnings, outdoor seating, benches, fencing, landscaping, lighting, painting the exterior of the building, including replacement of windows and doors, etc.
- _____ I understand this grant is only available to businesses that fall within the Downtown Morehead City, Inc. boundaries, 4th to 18th Streets, water to water.
- _____ I understand the façade grant reimbursement after the project is complete is for a matching \$1 for every \$1 expended by the owner on approved façade improvements. Depending on the availability of funds a maximum that may be awarded per grant is \$5,000 on a minimum of \$5,000 of expended façade improvements by the owner. **For example, the total cost of your project is \$8,000, we will match with a grant of \$4,000.
- _____ I understand that the proposed project must pass all required Construction Standards inspections prior to request for reimbursement.
- _____ I understand that funds may not be used on public art or murals.
- _____ I understand the purchase of tools is not included as they are not project specific.
- _____ I understand this grant does not apply to projects that have already been completed or in-kind services.



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_____ I understand that all work must be completed within six [6] months from the date of the approved agreement and any extensions must be requested in writing prior to the end of those six [6] months.

_____ I understand that grant payments are contingent upon completing the project as outlined and providing adequate proof of expenditure of funds and copies of all required building permits.

_____ I understand that the grant funds must be used for the project as described in this application and that any changes to the project must be submitted in writing and approved by DMC, Inc. staff.

_____ I acknowledge that Downtown Morehead City, Inc. is obligated only to administer the grant procedures and is not liable to the applicant, owner or third parties for any obligations or claims of any nature growing out of, arising out of or otherwise related to the project or application undertaken by the applicant and/or owner.

_____ I understand once approved by the DMC, Inc. Design Committee, monies are distributed via back-end reimbursement. All eligible work must be completed according to the information submitted and approved in the original application. Vendor invoices must be returned along with verification of payment from the business or property owner. The money will be distributed in one lump sum payment following completion and inspection from DMC staff of all the listed work. Projects must be completed within six months from the grant being awarded.

_____ I understand that upon completion of the project, DMC, Inc. staff will inspect the work for compliance.

_____ I understand that the payment will be mailed to the applicant and address as listed on this application.

_____ I understand that I am responsible for the maintenance of the façade improvements described here for a period of three [3] years from the date of the project completion or until such time as the building is sold.

_____ I have obtained the appropriate signatures below on this form.

Applicant's Signature _____ Date _____

Print Signature: _____

Property Owner (if different from above) _____ Date _____

Print Signature: _____

This application has been approved by the following:

Signature, Town Building Inspector _____ Date _____

Print Signature: _____

Signature, Town Planning Department _____ Date _____

Print Signature: _____

Complete application, gather above signatures and return to **Downtown Morehead City, Inc. 1001 Arendell St., Morehead City, NC 28557**

Signature, DMC, Inc. Design Committee Chair* _____ Date _____

Print Signature: _____

Signature, DMC, Inc. Executive Director* _____ Date _____

Print Signature: _____

***Signatures signed at Design Committee meeting.**