



CITY OF EAST POINT

COMMERCIAL BEAUTIFICATION FAÇADE GRANT APPLICATION – WARDS & Downtown

Applicant Name: _____ Owner of Property

Property/Project Address: _____

Owner Authorization (if not applicant)-Owner Signature: _____

Is the property occupied? Yes _____ No _____ Location Ward: - A, B, C, D or Downtown (circle one)

Business Name: _____

Business Email: _____

Daytime Phone: _____ Business Phone: _____

Property Owner Name: _____

Property Owner Phone: _____ Email: _____

Present Use of Building: Please circle one – Commercial Services, Retail, Office, Mixed-Use (Not to include religious, non-profit or industrial). Have you secured a 25% matching grant portion necessary for this improvement project, including the funds that will be reimbursed to you? Yes _____ No _____

Contractor/Architect: _____

Estimated Project Start Date: ____/____/____ Estimated Project End Date: ____/____/____

Estimated Project Cost: \$ _____ Grant Funds Requested (Up to 75%): \$ _____

On a separate sheet of paper, please give a detailed description of the scope of work that you propose performing. Give as much detailed information as you can, including drawings, materials, colors, finishes, photos, itemized budget, bids and/or quotes, as well as, an explanation of how improvements align with grants goals, required to evaluate the grant application. By executing this application, I agree to be bound by the rules, regulations, resolutions, and conditions imposed by the City of East Point.

Without limitation, the City may, at its sole discretion, deny funding of any application. I understand that the requested grant, if approved, will be made in consideration of my carrying out the Project described in the attachment to revitalize and improve the property in the identified district above in the City of East Point (the "City"). I further understand that any variance in the project submitted will cause my application to be rejected without consideration for reimbursement. The City shall be held harmless from any liability or damages resulting from this project. I hereby agree with these provisions.

Signature: _____ Date: _____

Please submit application online at eastpointcity.org or in person to: City of East Point, c/o Office of the City Manager, 2757 East Point St., East Point, GA 30344 - 404.559.6364
For staff purpose only: Date Approved: _____ Completion Date: _____
MAJOR or MINOR Improvements Project: _____
City Review of Project Completion Date: _____ Signature of Director: _____
City of East Point Building/Construction permit obtained: _____ Date: _____
Project approved by Evaluation Committee: _____ Date: _____