

CITY OF ONTARIO
FACADE GRANT PROGRAM
APPLICATION

Date: _____

APPLICANT INFORMATION

Name: _____

Property Address: _____

Business Name: _____

Business Mailing Address: _____

Business Daytime Phone Number: _____ Applicant Phone: _____

Email Address: _____

Description of Facade: _____

Total Project Cost: _____

Amount Requested: _____

Business Registration Filed: _____

Date Filed

CHECKLIST: The following items must be attached to your application:

1. Proof of property ownership (warranty deed), and taxes paid and current.
2. Detailed description of the work to be completed.
3. Photos of building to be improved and of adjacent properties.
4. A sketch or rendering of the proposed finished facade.
5. Copies of a *minimum* of two (2) bids with all cost estimates associated with the project.

Note: *If the facade improvement is part of a more extensive interior/exterior remodeling project, only facade improvement costs need be itemized.*

6. Schedule of work to be completed this year.

Note: For those projects that may involve further renovations, we encourage the submission of your long-term plans.

7. Provide Oregon State Business Registration number, along with an EIN number.

8. Proposed Commencement Date: _____

Proposed Completion Date: _____

Date Submitted	PDAC Meeting	Facade Committee Approval

BID/ESTIMATE SUBMITTAL INFORMATION

Note: Please attach all bids/estimates to this application

Description of work:

Bid #1 Submitted by: _____ Amount: \$ _____

Bid #2 Submitted by: _____ Amount: \$ _____

Description of work:

Bid #1 Submitted by: _____ Amount: \$ _____

Bid #2 Submitted by: _____ Amount: \$ _____

Description of work:

Bid #1 Submitted by: _____ Amount: \$ _____

Bid # Submitted by: _____ Amount: \$ _____

Please **CIRCLE** which bid you prefer for each description of work listed above.

Note: Proof of payment (invoices and receipts) and an "after" picture are required for reimbursement after project completion.

PROPERTY **OWNER** CONSENT:

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Daytime Phone: _____

Property Owner Email: _____

As the legal owner of the above referenced property, I hereby grant authorization to complete the facade improvements indicated on this application. I also stipulate that I have read the entire application and applicant checklist. I understand my responsibilities and obligations as the property owner under this application.

Property Owner's Signature: _____ Date _____

Property Owner's Signature: _____ Date _____

For questions regarding this program, please contact Dan Cummings 541-889-3222