

**VERMILLION CHAMBER AND DEVELOPMENT COMPANY
MISSOURI VALLEY GROWTH
FAÇADE IMPROVEMENT PROGRAM APPLICATION**

Application Date: _____

1. Applicant(s) Name: _____

2. Please Check One: _____ **Property Owner** _____ **Tenant**

3. Business Name, If applicable (e.g. Joe's Sports): _____

4. Property Address: _____

5. Mailing Address (if different from above): _____

6. Phone Number(s): _____

7. Email: _____

8. Proposed Improvements (Please check all that apply):

Signage _____ Exterior Cleaning and/or painting _____

Exterior Lighting _____ Siding repair/Installation _____

Restoration/Repair/Replace windows, doors, trim _____

Cleaning and/or repointing of surface brick and stone _____

Awnings/canopy/porch _____

Other: _____

9. Environmental Issues: Will your project involve special issues regarding lead-based paint, solid waste disposal, asbestos, excessive dust and/or noise etc.? _____ YES _____ NO

If YES, please explain: _____

10. Please provide a description of the work to be done. Attach any design sketches, photos, color samples, and/or other materials that will help in the processing of you application (Use additional paper if necessary). Please note: the proposed improvements will be required to comply with Code and Design Review Requirements (see attachment).

11. Total Estimated Cost Improvements: \$ _____

Paint:	\$ _____
Signage:	\$ _____
Repair or replacement of window:	\$ _____
Masonry repairs:	\$ _____
Awnings:	\$ _____
Other: _____	\$ _____

Please attach complete breakdown to the application

12. Funding

a. Total Grant Amount Requested: _____

b. Source and Amount of Matching Funds: _____

13. Applicant's Signature

I have read and understand the policy guidelines. I understand that this is a matching grant, and that I must provide my portion of the project cost. I understand that none of the proposed work may begin prior to approval by the Vermillion Chamber and Economic Development Company and the Missouri Valley Growth.

Applicant's Signature

Date

14. Property Owner's Acknowledgement (if applicant is a tenant)

I am the property owner of the above address. I have been informed of the Applicant's intention to perform the improvements described in the attached documentation and I hereby consent to the same.

Owner's Signature

Date

15. Property Owner's Contact Information

Property Owner's Full Name: _____

Property Owner's Address: _____

Property Owner's Phone Number(s): _____

16. The following documentation must be attached:

- 1. Provide proof of ownership/control of the subject property. Business tenants must supply a copy of a lease/rental agreement of the subject premises.**
- 2. Provide proof of insurance.**
- 3. Provide documentation that all County property taxes due and assessed to the subject business/property have been paid.**
- 4. Provide documentation as the availability of the applicant's matching funding.**
- 5. Provide a cost estimate breakdown of the proposed improvements.**
- 6. Provide a preliminary sketch or other graphics of the proposed improvements, including materials and colors.**
- 7. Current photograph of property to be improved.**

17. Please return your completed application along with all documentation to:

Vermillion Chamber and Development Company
Façade Improvement Program
116 Market Street
Vermillion, SD 57069