



**DOWNTOWN REVITALIZATION  
FAÇADE IMPROVEMENT GRANT APPLICATION**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Information**

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Building Information**

Address of building where work is to be done: \_\_\_\_\_

Name of building owner (if different from above): \_\_\_\_\_

Building renter(s)/occupants: \_\_\_\_\_

**Financial Information**

Total amount of project: \$ \_\_\_\_\_

Total grant amount applied for: \$ \_\_\_\_\_

**Guidelines:**

Match must be 50/50 with City funds, using the following formula:

- Based on \$100 per building front foot
- Extra: for street corner buildings- add up to 25 feet if side has a display window
- Extra: for rear entrances facing a city parking lot- amount based on \$50 per building foot

Owner/Renter Matching Fund Source:

\_\_\_ Cash      \_\_\_ Bank financing      \_\_\_ Sweat Equity      \_\_\_ Other: \_\_\_\_\_

**Description of Improvements**

Describe the façade improvements (City matching funds can only be used for façade improvements):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Describe how owner/renter funds to match City will be used :

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Please attach the following:

- Copies of any written estimates for building improvements
- Drawings that show work to be done
- Pictures of building in present condition

Is a building permit required for the project?       Yes       No

If yes, describe:

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**Project Timetable:**

Date work is to start:        /  /  

Date work is to be completed:        /  /  

Funds will be paid out once all work has been completed. Invoices or receipts must be furnished for all materials and labor.

**New or Expanding Business Information**

Will your building improvements create any new jobs?

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If this is a new business, what goods or services are you going to provide?

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**For More Information**

Contact the City of Liberal Grant Department at 620-626-2251. You may also fax your application to 620-626-0589 or email to: [karen.lafreniere@cityofliberal.org](mailto:karen.lafreniere@cityofliberal.org)

\_\_\_\_\_  
Applicant Signature

  /  /    
Date

\_\_\_\_\_  
Building Owner Signature

  /  /    
Date

Approved by: \_\_\_\_\_  
Grant Director

Approval Date: \_\_\_\_\_