



**South Longview Initiative Program (SLIP)
Façade Improvement
Grant Application**

DATE: _____

Applicant Name: _____

Mailing Address: _____
Street City State Zip

Telephone Number: _____ E-mail: _____

Designated Contact: _____
Name Contact Number

PROPERTY DATA

Building or Business Name: _____

Building or Business Address: _____

Mailing Address (if different from Street Address) _____
Street City State Zip

Do code enforcement actions, tax liens, or judgment liens exist against the property? Yes _ No _

If yes please explain: _____

PROPERTY OWNERSHIP

(If applicant is not property owner, please provide the following information)

Owner Name: _____

Mailing Address: _____
Street City State Zip

Telephone Number: _____ E-mail: _____

PROJECT DESCRIPTION

How are the proposed Façade Improvements consistent with and furthers the purpose of the City Codes, the Design Guidelines, and the South Longview Initiative Program (SLIP) area? (attach additional sheet if necessary)

How will the project contribute to the revitalization of the SLIP area?

How many jobs and estimated salaries will be created by this renovation? _____

Proposed Commencement Date _____ Proposed Completion Date _____

Applicant understands the FIGP is a matching grant, dollar for dollar, in-kind contributions and profits generated by the applicant serving as contractor will not be considered as part of the required match. Total project costs can exceed \$20,000; however, the maximum FIGP funding for a project will be not more than \$10,000.

Signature - Owner

Please print name

Signature – Owner

Please print name

Signature – Contractor

Please print name

Office Use Only		
Date Submitted	CD Administrator Approval	Date Approved
	CD Manager Approval	Date Approved