



Uptown • Midtown • Downtown

Business Improvement Grant Program Application and Agreement

I. Applicant Information

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

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

Business Address: \_\_\_\_\_  
(Business Address shall be the location for proposed improvements)

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Is the applicant also the property owner?

Yes No

Are there any pending code enforcement or nuisance issues on the property?

Yes No

Building Size (square ft): \_\_\_\_\_

Is the property currently for sale?

Yes No

Number of tenants: \_\_\_\_\_

II. Project Descriptions

Please provide a description of the proposed projects (attach additional sheets if needed):

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

*Please attach color photos of the existing building conditions and photos/sketches/plans for the proposed improvements. Plans for the proposed improvements do not need to be professionally engineered; however, they should be clear and to scale allowing staff to fully evaluate the request.*



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### III. Project Budget

Please provide estimated costs for the applicable project items below (*attach additional sheets with the required information if needed*) In-kind contribution wages should be documented as **\$24.14** per volunteer hour. Professional design services are eligible expenses.

1. PROJECT NAME (include brief explanation) <i>Example: Paint front of building</i>					
ITEM work or material needed	A. IN-KIND DONATION materials or labor provided		B. ADDITIONAL FUNDING out-of- pocket payment	C. AMOUNT REQUESTED from RMSP grant	D. TOTAL COST FOR EACH ITEM add columns A—C
	Description	Value			
<i>Ex: 5 gal. paint</i>	<i>Ex: 2 gal. paint</i>	<i>Ex: \$40</i>	<i>Ex: \$0</i>	<i>Ex: \$60</i>	<i>Ex: \$100</i>
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTALS – sum of columns</b>		\$	\$	\$	\$
<b>TOTAL FUNDING FOR ALL PROJECTS - Include totals from additional projects, if any.</b>		<b>A. In-Kind</b>	<b>B. Out-of-pocket</b>	<b>C. Grant</b>	<b>D. Total</b>
		\$	\$	\$	\$

Contractor estimates must be provided with the application. Award funding reimbursement will not increase if final costs exceed initial estimates.



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Additional projects. Include totals on page 2, "Total Funding for All Projects."

<b>2. PROJECT NAME</b> (include brief explanation)					
<b>ITEM</b> work or material needed	<b>A. IN-KIND DONATION</b> materials or labor provided		<b>B.</b> <b>ADDITIONAL</b> <b>FUNDING</b> out-of- pocket payment	<b>C. AMOUNT</b> <b>REQUESTED</b> from RMSP grant	<b>D. TOTAL</b> <b>COST FOR</b> <b>EACH ITEM</b> add columns A—C
	<b>Description</b>	<b>Value</b>			
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTALS – sum of columns</b>		\$	\$	\$	\$



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Additional projects. Include totals on page 2 & 3, "Total Funding for All Projects."

<b>3. PROJECT NAME</b> (include brief explanation)					
ITEM work or material needed	A. IN-KIND DONATION materials or labor provided		B. ADDITIONAL FUNDING out-of- pocket payment	C. AMOUNT REQUESTED from RMSP grant	D. TOTAL COST FOR EACH ITEM add columns A—C
	Description	Value			
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTALS – sum of columns</b>		\$	\$	\$	\$

Please attach descriptions for additional projects, if needed.



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I, \_\_\_\_\_, owner of property located at \_\_\_\_\_ am considering improvements under the City of Reedsport Main Street Façade Improvement Program, hereinafter referred to as "RMSP" and the City of Reedsport as "City".

I have received and reviewed the RMSP guidelines and application process. I agree to complete the proposed improvements to my building and property as submitted. I understand that I am financially responsible to complete these improvements as provided in the guidelines. I also understand that incomplete work or work that does not meet the grant criteria will not be reimbursed by this grant.

I agree to hold the RMSP and the City harmless from and indemnify them for and against any and all claims which may be brought or raised against the RMSP, the City, or any of its officers, representatives, agents or agencies regarding any matters relevant to the participant obligations under the grant.

I have read the above statements and acknowledge that they are true and complete to the best of my knowledge.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

STATE OF OREGON

COUNTY OF DOUGLAS ss  
Reedsport Main Street Program

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018 by

\_\_\_\_\_, who is personally known to me or has produced

\_\_\_\_\_ as identification.

\_\_\_\_\_



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Notary Public Signature

**IV. Checklist and Certification**

Please confirm that you have provided the following items by placing a check next to the item on the list. Incomplete applications cannot be accepted and will be returned to the applicant:

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Color photographs of the existing building façade, showing all visible sides of the building from the highway
- \_\_\_\_\_ Photos, sketches, plans or other drawings showing the proposed improvements
- \_\_\_\_\_ Proof of property ownership or property owner notarized authorization (*only if applicant is not same as property owner*)
- \_\_\_\_\_ Proof of liability insurance on the property

**Applicant’s Certification:**

*I have read and understand this application and I hereby submit the application together with attached photos, plans and additional supporting documentation for the proposed project and understand that the RMSP must approve the application. All my property taxes, loans, liens and mortgage on the property are current and in good standing. I further understand that if I accept the award I will enter into an agreement with the RMSP and will comply with all of the requirements contained therein. No funding is guaranteed until a completed application is approved by the RMSP and a subsequent agreement executed by both parties. At the discretion of the RMSP, I agree to allow the placement of a Program sign on my property for the duration of the project. I understand that Program monies will not be reimbursed until the project is completed as approved and copies of all paid invoices/receipts are provided and accepted. The project must be completed within three months of grant approval or the approval funding shall expire.*

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

**Mail completed applications to:**

Reedsport Main Street Program  
Business Improvement Grant  
451 Winchester Ave.  
Reedsport, OR 97467

**Or email copy to:** [mainstreet@cityofreedsport.org](mailto:mainstreet@cityofreedsport.org)