



Downtown Lebanon
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Lebanon, MO 65536
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Historic Restoration Façade Improvement Grant Application

Applicant Name: _____ **Date:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Applicant Phone #: _____ **Applicant Email:** _____

Preferred Means of Contact: _____

Address where work will be performed: _____

Name of Business: _____

Type: Retail Service Professional Residential Other

Status of Applicant: Building Owner

Tenant: **Building Owner's Name:** _____

Building Owner's Phone: _____

To whom should the check be made to, should the application be approved:

The address where the check will be mailed, should the application be approved:

Date of Building Construction (Age of Building): _____

Number of Stories _____ **Is Building Located on a Corner?** Yes No

Is this property listed on the National Register of Historic Places? Yes No

Is the first floor of the building currently occupied? Yes No

Are any upper stories currently occupied? Yes No

Phone Number of Occupants: _____

Project Description

Type of Work Proposed (Check all that apply):

- Restoration of original/historical windows, doors, and/or trim
- Removal of “modernization” efforts or inappropriate non-historic alteration/additions
- Replacement of windows, doors, and/or trim
- Reconfiguring of windows/doors
- Masonry cleaning and/or repair, including paint removal or repointing
- Cornice repair or replacement
- Exterior painting, other than over brick or stone
- Awnings – new installation, repair, or replacement
- Removal of accessibility barriers
- Building front improvements
- Cleaning and removal of materials
- Other _____

Total cost of proposed project for which funding is requested: \$ _____

Amount of façade grant funds being requested, up to \$5,000: \$ _____

Amount of funds being committed by Applicant: \$ _____

Proposed Start Date: _____ Expected Completion Date: _____

General Contractor Name: _____

Mailing Address: _____ City: _____ Zip: _____

Contact Phone #: _____ Business License #: _____

Subcontractors	Name	Phone #	Lebanon Business License	
Electrical:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Masonry:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Painting:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glazing:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL REQUIRED DOCUMENTS

FOR ALL APPLICATIONS, PLEASE ATTACH THE FOLLOWING ITEMS TO COMPLETED FORM

- Legal description of property where work will be performed
- Written description regarding the existing condition of building with photographs of current building condition
- A detailed written scope of proposed work:
 1. For awnings, include description that includes, but is not limited to: size, color, logo, attachment to building (including screws/bolt size, length, location, etc.)
 2. For masonry repair: describe process of cleaning or repair
 3. For painting: provide type of paint and color, including photo of proposed look
 4. For window and door replacement or reconfiguration: include description of existing and proposed positioning and design
 - 5. Include photos of before and architectural sketches for proposed after-look**
- Detailed cost estimate of proposed work using attached budget worksheet. Applicant must provide a quote from at least two contractors.
- Two copies of every plan, drawing and specifications being submitted

I have carefully read and understand **ALL** guidelines and criteria of the Downtown Lebanon Façade Improvement Program included in and with this application. I understand that the Downtown Lebanon Business District Advisory Board must review **AND** approve the application prior to beginning construction.

I understand that failure to comply with the guidelines included in and with this application can result in refusal of fund reimbursement.

Lebanon Downtown Business District Façade Grant Program 2024

I understand that my project must be inspected and approved by the City of Lebanon and the Downtown Lebanon Business District Advisory Board or Design Committee prior to receiving the reimbursement.

I understand that any changes made to the original project application must first be approved by the Design Committee. Failure to gain approval before continuing work can result in disqualification from the program.

I affirm that the information provided in this application is true and accurate to the best of my knowledge.

I acknowledge that the Downtown Lebanon Business District Advisory Board is not liable to the applicant, owner or third parties for any obligations or claims arising from this project or application.

I have read and understand the conditions of the Downtown Lebanon Façade Improvement Program Guidelines and Criteria and agree to these conditions.

Applicant Signature: _____ **Date:** _____

Building Owner Signature, if different: _____ **Date:** _____

Estimate Summary Sheet

Please attach all bids to this application on the official letterhead of the contractor providing the bids. The bids should be categorized into the type of work being done based on the checklist on pages 1 and 2.

Address of Property to be Improved: _____

Itemized Description of Work: _____

Bid #1 Submitted By: _____ Amount: _____

Bid #2 Submitted By: _____ Amount: _____

Itemized Description of Work: _____

Bid #1 Submitted By: _____ Amount: _____

Bid #2 Submitted By: _____ Amount: _____

Itemized Description of Work: _____

Bid #1 Submitted By: _____ Amount: _____

Bid #2 Submitted By: _____ Amount: _____

Itemized Description of Work: _____

Bid #1 Submitted By: _____ Amount: _____

Bid #2 Submitted By: _____ Amount: _____

Please circle or highlight the bid you prefer for each itemized description of work listed above.

At the end of the project, proof of payment via invoices and receipts, as well as before and after photos will be required to receive reimbursement.

Budget Worksheet

Applicant Name: _____ Date _____

Name of Business: _____

Address where work will be performed: _____

	Column A: Amount Paid for By Façade Grant Funds	Column B: Amount Paid for By Applicant Funds	Column C: Total Cost (A + B)
Cost of Materials			
Supplies			
Awning			
Other (please detail)			
Contractor Costs			
Masonry Repair			
Tuck Pointing			
Electrical			
Carpentry			
Windows/Doors			
Painting			
Removal of Materials			
Cleaning			
Equipment Rental Fees			
Other Expenses (Please Detail)			
Column Totals			

Column A cannot exceed \$5,000.

Column B must be equal or greater to Column A.

Attach photos of the building in its current condition and architectural drawings clearly showing the building's appearance after the proposed façade improvements.