

ARTESIA MAINSTREET, INC.  
FAÇADE IMPROVEMENT PROGRAM  
GRANT APPLICATION

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

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

Physical Address: \_\_\_\_\_

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

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

Address of building for which you are requesting assistance: \_\_\_\_\_

Description of façade improvement needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need architectural / design assistance? \_\_\_\_\_

Amount requested: \_\_\_\_\_

**Please attach any photos or drawings of your anticipated façade changes. These drawings will be reviewed b the Artesia MainStreet Design Committee.**

I, the undersigned, hereby submit this form to Artesia MainStreet, Inc.'s (AMS) Façade Improvement Program as a request for assistance to make approved changes to my façade. I understand that this application for assistance must go through an approval process and may be declined based on the program's guidelines.

\_\_\_\_\_  
Business Owner

\_\_\_\_\_  
Date

I, the undersigned, understand that the tenant of my building is requesting assistance to make façade improvements to my building. I agree to participate in the design process as necessary and will allow any approved changes to the façade of the building located at the address identified on this form.

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

\_\_\_\_\_  
Date

Office Use Only:

Application reviewed by the FIP Committee on \_\_\_\_\_ (date).

\_\_\_ Request approved in the amount of \$ \_\_\_\_\_ \_\_\_ Request declined

Signed by: \_\_\_\_\_ (FIP Committee Representative)

Application approved by the AMS Management Committee on \_\_\_\_\_ (date)