

# COMMUNITY DEVELOPMENT DEPARTMENT ECONOMIC DEVELOPMENT DIVISION Mountain View City Hall 500 Castro Street, P.O. Box 7540 Mountain View, CA 94039-7540 650-903-6300 | EconDev.MountainView.gov

## **FACADE IMPROVEMENT GRANT APPLICATION**

Property Address	
Name of Business at Property Address	Business/Tenant Phone
Business/Tenant Email	Business License No.
<u>APPLICANT</u>	
	Property Owner Business/Tenant
Name	
Mailing Address (if different than property address)	
Email (if different than above)	Phone (if different than above)
PROJECT INFORMATION	
Select the Facade Elements you would like to address  Tier 1 - Nonarchitectural Improvements: Awnistorefront window displays  Tier 2 - Painting: Exterior painting, murals/art	ing replacement, parapets, new signage, sign removal, and
	or door refurbishment/replacement, historic features
Architectural Design Services (Also complete P	•
Estimated Total Project Cost:	
Provide a brief description of your proposed project:	
project.	
Does the Facade Improvement Project meet the follo  1. Visually improves storefronts and streets	
2. Enhances prominent retail and commerc	•
<ul><li>3. Rehabilitates or replaces historic feature</li></ul>	·s.

# **APPLICANT ACKNOWLEDGMENT:**

Applicant Acknowledgment Required

Checl	here to acknowledge the following:				
	If the City determines my application is eligible, I can enter into an agreement to qualify for a facade grant. The agreement will specify the scope of improvements to be completed and the amount of the grant I will receive when the project is completed.				
	I understand that I will not receive any funds from the City until and unless my application is approved; I ent into an agreement on what improvements will be made; I complete all the improvements; and I submit reimbursement request with proof of payment.				
	I understand that the City will only pay for the following costs as defined in the <u>Facade Improvement Program Guidelines</u> :				
	I am responsible for:  • Match requirement as defined in the Facade Improvement Pro	ogram Guidelines.			
	Any architectural fees or other costs beyond the approved gra-	ant award.			
□ Appli	(Must acknowledge if applying for architectural design services) I accontracted architect will meet (in person or virtually) to discuss the building changes with a new facade along with a rough cost estimat sketch and the planned improvements to determine if my applica criteria in the brochure "Facade Improvement Project."	building changes and provide a sketch of the e. I understand that the City will review the			
APPLICANT SIGNATURE		DATE			
	IF THE APPLICANT IS THE TENANT, THE PROPERTY OWNER MUST C	OMPLETE THE FOLLOWING PORTION:			
-	OWNER'S AUTHORIZATION TO PROGRAMMENT OF TO PROGRAMMENT OF THE ABOVE - NAME OF THE	t to proceed with the physical improvements			
SIGN	ATURE	DATE			
PRIN	NAME	EMAIL			
PROP	ERTY OWNER MAILING ADDRESS	PHONE			

# **ARCHITECTURAL DESIGN SERVICES**

Complete this page if you are requesting Architectural Design Services:

Will	you be opting to work with a City-retained architect or working with a firm of your choice? Check one:
	Option 1: Work with a City-retained architect (complete Items 2 through 5 on this page).
	Option 2: Work with a firm of choice (complete Items 3 through 4 on this page).
	For Option 2—Identify the firm name here:
	Option 3: My project will not require architectural design services (move on to Page 4).
-	u are choosing to work with a City-retained architect, identify here whether you have a preference betweer of the two City-retained architects, or if the City can assign your project to an architect accordingly:
	M. Designs Architects ( <u>mdesignsarchitects.com</u> ) 384 Castro Street, Mountain View, CA 94041
	William Maston Architects ( <u>mastonarchitect.com</u> ) 372 Castro Street, Mountain View, CA 94041
	No Preference.
Wha	t goals are you trying to meet with architectural design assistance? Check all that apply:
	Aesthetic—Improving the look and feel of the storefront facade.
	Technical—Improving the storefront facade for safety/accessibility.
Plea	se provide any additional information on your goals here:
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Chec	cklist of items to be included for Architectural Services:
	<u>As-Built/Existing Conditions Drawings</u> . NOTE: If as-built drawings are not provided with the grant application, the grant recipient will be responsible for the cost of architectural services needed to prepare up-to-date as-built drawings.
	Other designs, plans, color palettes, or materials. Please label each document.
	Photos of existing conditions.
	Lighting Plan (if exterior lights are proposed)
П	Historical or Cultural Resource Assessment (if applicable to building)
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## ITEMIZED LIST OF FACADE IMPROVEMENTS

<u>Instructions</u>: Applicants who choose to forgo the additional funding opportunity for architectural design services must complete this form with their application. Please attach written estimates from chosen vendors.

Tier	Item	Description	Estimated Cost
Tier 1	Awning Replacement		
	Parapets		
	New Signage/Sign Removal		
Tier 2	Exterior Painting/Murals		
	Doors		
Tion 2	Exterior Lighting		
Tier 3	Replacement of Historical Features		
	Windows		
	City Permit(s) (City staff to help determine permit costs)		

Total Project Cost	
<b>GRANT REQUEST</b> (Total Project Cost x 50%, up to maximum tier amount) =	