



## Broken Window and Facade Improvement Fund APPLICATION

Date: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Building Address: \_\_\_\_\_

Please check the box for the facade repair or improvement that best describes your project (check all that apply):

Broken window replacement

Facade Repairs

Fresh coat of paint

Professional facade cleaning

Broken door lock replacement

Other \_\_\_\_\_

Have you notified your property manager/owner of this project? Yes No

Have you reached out to the Historic Preservation Board Coordinator, Genna Nashem, to determine if a Certificate of Approval is required for this project? Yes No

Did you file a claim under your insurance company for this project? Yes\* No

The following items are attached or have been submitted as part of this application:

- Related receipts
- W-9 Form
- Signed Contract
- Before and After project photographs
- Property Owner Authorization Form, if applicable
- Proof of insurance (including file number and deductible amount), if applicable

Fund Amount Requested: \$ \_\_\_\_\_

I certify that everything included in this application is true and complete.

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

*Funding for the Broken Window and Facade Improvement Fund is made possible by Historic South Downtown.*