

Facade Improvement Fund APPLICATION



Building Address	
Business Name (if vacant, put "vacant")	
Applicant Name	
Email Address	
Phone Number	
Funding Amount Request	\$
Mailing address (for funding dispersal)	
Make check payable to:	

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

- | | |
|--|---|
| <input type="checkbox"/> Facade painting | <input type="checkbox"/> Facade repairs & upgrades |
| <input type="checkbox"/> Lighting Improvements | <input type="checkbox"/> Broken door lock replacement |
| <input type="checkbox"/> Cafe Seating | <input type="checkbox"/> Window replacement |
| <input type="checkbox"/> Planters | <input type="checkbox"/> Professional cleaning |
| <input type="checkbox"/> Other _____ | |

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

Does your project require a City of Seattle Permit or Pioneer Square Preservation Board Certificate of Approval? 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:

- Receipts (required)
- W-9 Form (required)
- UEI (Unique Entity ID) number from www.sam.gov (required)
- Before and After photos (required)
- Property Owner Authorization Form (if applicable)
- Certificate of Approval and/or City Permits (if applicable)*
- Proof of insurance including file number and deductible amount (if applicable)*

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

Signature of Applicant