



## DDA Façade Grant Program Application

PROJECT ADDRESS: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phones: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Property Owner : \_\_\_\_\_ Phones: \_\_\_\_\_

Indicate if all correspondence is to be sent to:

- Applicant
- Property owner

**Briefly Describe scope of improvements:**

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**Please include the following with the application:**

- Two professional contractor estimates for the cost of the proposed improvements
- Digital photos of the existing building façade and a design sketch rendering
- Evidence of City approval for proposed improvements.

**Estimated Costs:**

Façade Improvement Cost: \_\_\_\_\_

Estimated Completion Time (in weeks): \_\_\_\_\_

**Property Owner Authorization/Certification**

I have read accompanying guidelines and attest that the information included in this application is accurate to the best of my knowledge. I understand that grants are not guaranteed and are up to the sole discretion of the Downtown Development Authority.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature (if other than applicant)

\_\_\_\_\_  
Date

**Submit complete application to:**  
Mount Clemens Downtown Development Authority  
One Crocker Boulevard, Mount Clemens, MI 48043  
(586) 469 - 4168

# DDA Façade Grant Applicant's Representations and Warranties

Applicant represents and warrants the following:

Initial

\_\_\_\_\_ The applicant (or property owner) is current and not in default in payment of real estate taxes and DDA assessments.

\_\_\_\_\_ This project will conform to all applicable codes, ordinances and regulations.

\_\_\_\_\_ If the project is historically significant (or is a building designated Historical) applicant must receive approval for the project from the Mount Clemens Historical Commission.

\_\_\_\_\_ All applicable permit approvals will be obtained for this project and all accompanying inspections will be successfully completed.

\_\_\_\_\_ The project will be completed within 4 months of approval by the DDA (or such further extensions as approved by DDA).

\_\_\_\_\_ All work will be completed in a professional manner and that continued maintenance of the property and improvements will be ongoing.

\_\_\_\_\_ That only the work approved by the DDA in the application process shall be eligible for reimbursement, unless the DDA has approved changes in an amended approved agreement, and that no work done on the project prior to formal approval is eligible for reimbursement.

\_\_\_\_\_ Applicant will submit copies of invoices, receipts, proof of payment, contractor full and unconditional waivers and itemized statements of the total cost of the project to the DDA within 3 months of project completion.

\_\_\_\_\_ Applicant and its contractors will abide by Equal Employment Opportunity and Civil Rights rules and regulations.

\_\_\_\_\_ Applicant agrees to indemnify and hold harmless, and defend the DDA, it's members, representation, and/or employees from any and all claims, damages, lawsuits, costs, and expenses of any kind or nature, including property damage, personal injury, or other loss relating to the DDA Façade Grant program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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