

Franklin-Simpson Renaissance Architectural Elements Grant

This consideration is for a 50/50 matching grant, with Renaissance's match not to exceed \$1,500. Your request will be reviewed for appropriateness according to the Secretary of Interior Standards.

Grant funds will be paid only upon appropriate completion of all proposed work.

Building Name: _____

- **Building Address:** _____

Owner: _____

- **Owner's Address:** _____

Element(s) needing removal, repair, or replacement:

- #1 _____ re attached? _____
- #2 _____
- #3 _____

Is element in question original to building? _____

Is element in question critical to the historic look of the building? _____

Can the element be restored? _____

Estimated cost to repair or replace _____

Are You a Member of F-S Renaissance? _____

Are You a Member of the Merchants Association? _____

Have You Previously Received a Renaissance Grant? _____

If Yes, When? _____ **What Kind** _____

Requested By: _____

Date: _____

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

(This portion to be completed by Renaissance)

Building is: *Contributing* () *Non-Contributing* ()

- *If non-contributing, why?* _____

Conditional Approval (prior to starting work) *Approved* () *Denied* ()

If denied, explain _____

Design Chair: _____ *Date:* _____ *Director:* _____ *Date* _____

Final Approval (upon completion of work) *Approved* () *Denied* ()

If denied, explain _____

Design Chair _____ *Date* _____ *Director* _____ *Datr* _____