

# Franklin-Simpson Renaissance Architectural Elements "Removal" 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 Owner's Name: \_\_\_\_\_

- Address: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

- Address: \_\_\_\_\_

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

Item #1 \_\_\_\_\_

- Estimated Cost: \_\_\_\_\_

Item #2 \_\_\_\_\_

- Estimated Cost: \_\_\_\_\_

Item #3 \_\_\_\_\_

- Estimated Cost: \_\_\_\_\_

Is element in question original to building? #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Can the element be restored? #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Estimated cost to repair or replace #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

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: \_\_\_\_\_

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(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 \_\_\_\_\_ Date \_\_\_\_\_