

Franklin-Simpson Renaissance Entry Door Improvement

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's Name: _____

- **Owner's Address:** _____

Condition of Entry Door (include picture) _____

Is Entry Door(s) Original? _____

Can Door(s) be Repaired? _____

Estimated Cost to Repair / Replace: _____ (attach estimates)

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: _____

XX

(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** _____

