

Franklin-Simpson Renaissance Gutter Repair Program

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: _____

- **Owners Address:** _____

Condition of Gutters: _____

- **Picture Attached?** _____

Is Condition of Gutters Causing Damage to Building? _____

If Yes, Explain: _____

Can Gutters 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** _____

