

Franklin-Simpson Renaissance Paint 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:** _____

Is the Building Located Within the Renaissance Area? _____

Owner: _____

- **Owner's Address:** _____

Area(s) to be painted _____

Condition of Painted Surfaces: _____

Estimated Cost to Paint: _____ **(attach estimates)**

Doe's Building need re-pointing? _____

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:** _____

xxs
(This portion to be completed by Renaissance)

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

Conditional Approval (prior to start of 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* _____