# Franklin-Simpson Renaissance
# Rear Facade Grants

This consideration is for 50/50 matching grants, with Renaissance's portion 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: _____**

**Building Owner's Name: _____**
- **Address: _____**

**Business Owner's Name: _____**
- **Address: _____**

**Condition of Front Façade: _____**
- **Picture attached: _____**

**Condition of Rear Façade: _____**
- **Picture attached? _____**

**Proposed Scope of Work #1: _____**
- **Estimated Cost: _____**

**Proposed Scope of Work #2: _____**
- **Estimated Cost: _____**

**Proposed Scope of Work #3: _____**
- **Estimated Cost: _____**

**Are you a member of Franklin-Simpson Renaissance? _____**

**Are you a member of the Downtown Merchants Association? _____**

**Have you previously received a Renaissance grant? _____**
- **If Yes, When? _____ What Kind? _____**

**Requested By: _____ Date: _____**

**xxxx