

# Franklin-Simpson Renaissance Signage 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. Signage must also conform to the current P&Z sign ordinance.

**Grant funds will be paid only upon appropriate completion of all proposed work.**

Building Name: \_\_\_\_\_

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

Building Owner's Name: \_\_\_\_\_

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

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

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

Is Current Signage Original to Building? \_\_\_\_\_

- If Yes. Can it be repaired? \_\_\_\_\_

Estimated Cost to Repair / Replace: \_\_\_\_\_

(attach estimates)

Are You a Member of F-S 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: \_\_\_\_\_

XX

*(This portion to be completed by Renaissance)*

Building is: Contributing ( ) Non-Contributing ( )

If non-contributing, why? \_\_\_\_\_

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 \_\_\_\_\_