



**and**  
**City of Cedar Falls**  
**Community Development Department**

***FAÇADE IMPROVEMENT GRANT PROGRAM***

***APPLICATION FORM***

**Community Main Street, Inc.**  
**206 Main Street**  
**Cedar Falls, IA 50613**  
**Ph. (319) 277-0213**  
**[cmsdirector@cfu.net](mailto:cmsdirector@cfu.net)**  
**[www.communitymainstreet.org](http://www.communitymainstreet.org)**

**Community Main Street, Inc.  
City of Cedar Falls  
Cedar Falls, Iowa**

**Façade Improvement Grant Program  
Application Form**

Application: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_

4. Project Address: \_\_\_\_\_

5. Does the applicant own the project building? Yes  No

6. If the answer to number 5 is no, please attach a letter from the owner expressing approval of the project proposal.

7. Will you be using the services of an architect? Yes  No

8. Describe the proposed improvements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Estimated total project cost: \_\_\_\_\_

10. Provide cost breakdowns by major categories such as awning, painting, repair, carpentry, electrical, etc., as an attachment to this application.

11. Proposed start and completion dates: \_\_\_\_\_  
\_\_\_\_\_

12. What is (are) the existing use(s) of the building? \_\_\_\_\_  
\_\_\_\_\_

13. Will this project proposal correspond with a change in the building's use? Yes  No   
If so, to what? \_\_\_\_\_

14. The project will involve the building's: \_\_\_\_\_ façade, \_\_\_\_\_ exterior side walls,  
\_\_\_\_\_ exterior rear wall

15. Submittal Check List - -

Attached?

- A. Drawings and plans of the building which illustrate all proposed work. This includes any structural work or repair, paint colors, awnings (sample of material), signage, etc. Yes  No
- B. Information on the methods and materials to be use. Yes  No
- C. Cost estimates of all proposed work. Please itemize the estimates. Yes  No

16. The undersigned affirms that:

- A. The information submitted herein is true and accurate to the best of my (our) knowledge.
- B. I (we) have read and understand the conditions of the Façade Improvement Program and agree to abide by its conditions and guidelines.
- C. I (we) understand that all work completed on the project must follow the description of approved methods and materials listed in the above section. Any variance from the agreed upon procedure, without prior approval may result in forfeiture of any grant for which I may have qualified.

17. The undersigned applicant agrees to comply with the requirements of this program as outlined in the Façade Improvement Grant Program and Application Form.

Signature of Applicant(s):

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Property Owner (if different):

\_\_\_\_\_

Date: \_\_\_\_\_

Project meets general approval of Design Review Committee Yes  No

Date approved \_\_\_\_\_

\_\_\_\_\_  
(A minimum vote of three Design Review members must act upon each application. If and when a tie vote occurs, the Community Main Street program director shall cast the deciding vote.)



**City of Cedar Falls  
and  
Community Main Street, Inc.**

***FAÇADE IMPROVEMENT GRANT PROGRAM***

***CERTIFICATE OF APPROVAL***

The Community Main Street Design Review Committee conducted a final inspection of the property located at \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_. All improvements comply with the application and the Main Street Design Guidelines. The City of Cedar Falls is hereby authorized to issue payment.

Community Main Street, Inc.

\_\_\_\_\_  
Program Director

Date \_\_\_\_\_