



Façade Improvement Program – Round 2 Application Form

Main Street Wadsworth (MSW) will be administering this grant on behalf of the City. Completed applications should be submitted directly to MSW, 102 Main Street Suite #20, Wadsworth, OH 44281.

Applicant Information

Applicant Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Is applicant the property owner? _____

If no, please complete the following and attach a letter from property owner authorizing the filing of this application:

Property Owner Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Project Description

Building Address_____

Project Description_____

Describe how the project complies with the purpose of the grant program: _____

Estimated total cost of proposed improvements: \$ _____

Attach drawings, specifications, cost estimates and plans & profiles showing the improvements to be made or furnishings & fixtures to be purchased through this program so that the review committee can determine that the improvements meet the goals of the program.

Certifications & Acknowledgments

I certify that the information provided above is accurate to the best of my knowledge and understand that all costs for which I seek reimbursement must be documented. Under no circumstances will the reimbursement amount exceed 50% of the total costs incurred or \$5,000, whichever is less.

I understand that this application must be approved by Main Street Wadsworth (MSW) before any expenditures are made and that any cost incurred prior to approval by MSW is not eligible for reimbursement. I further acknowledge that all façade improvements shall be approved by the City of Wadsworth's Architectural Design Committee before the any work may proceed.

I understand and acknowledge that all work must be carried out in accordance with all applicable local, state, and federal laws; that I, my contractor or other party acting as my agent shall be responsible for obtaining all permits required by this project; and that the work shall be completed in substantial conformance with the proposal approved by MSW and the City of Wadsworth's Architectural Design Committee.

I further understand that in order to receive reimbursement from this program, I shall be responsible for paying the contractor(s) directly; and that I must submit copies of all invoices, payment vouchers, cancelled checks and other evidence as required to document that all parties working on this project have been paid in full.

I have reviewed the "Program Guidelines" and hereby acknowledge that no reimbursement shall be made for work that is not eligible under the guidelines or that was completed in a manner that does not comply with the guidelines. I agree to repay the City if any amounts reimbursed to me are found to have been reimbursed in error.

I hereby release the City and its agents in this program from any liability and relinquish any claim against the City and its agents for additional compensation related to the improvements described above. Further, I agree to indemnify the City, and its respective officers, agents and employees, and hold all harmless in relation to any claims related to work performed by me or on my behalf by any contractor or sub-contractors in relation to the improvements described above.

Applicant Signature

Date

For Office Use Only: Date Received: _____

Date Reviewed: _____

Application Status: ____ Approved ____ Denied