LOVINGTON MAINSTREET
FAÇADE IMPROVEMENT PROGRAM
GRANT APPLICATION

Applicant Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Email: _____

Address of building for which you are requesting assistance: _____

Are you requesting as the Building Owner or as the Business Owner? _____

Project Information:
Summary of project: _____

_____

Project Needs (materials/labor/etc): _____

_____

Total Project Cost: _____

Do you need architectural/design assistance? _____ Grant Amount Requested: _____

I, the undersigned, hereby submit this form to Lovington MainStreet's (LMS) Façade Improvement Program as a request for assistance to make approved changes to my façade. I understand that this application for assistance must go through an approval process and may be declined based on the program's guidelines and/or availability of funds.

_____ _____
Business Owner Date

I, the undersigned, understand that the tenant of my building is requesting assistance to make façade improvements to my building. I agree to participate in the design process as necessary and will allow any approved changes to the façade of the building located at the address identified on this form.

_____ _____
Building Owner Date

Office Use:

Application reviewed by the FIP Committee on _____ (date).

___ Request approved in the amount of $_____ ___ Request declined

Signed by: _____ (FIP Committee Representative)

Application approved by the LMS Management Committee on _____. (date)

By: _____ Its: _____

Revised 7/2018

Please direct all questions or concerns to Mara Salcido, Executive Director at 575.396.1418 or at director@lovingtonmainstreet.org