

**GREATER HOLYOKE CHAMBER CENTENNIAL FOUNDATION
FACADE IMPROVEMENT PROGRAM
FINAL APPLICATION**

INSTRUCTIONS:

Complete all items carefully and accurately to the best of your knowledge and return to:

Greater Holyoke Chamber Centennial Foundation
177 High Street
Holyoke, MA 01040

(Please type or print. Mark N/A items that are not applicable)

1. APPLICANT/OWNER INFORMATION

Applicant is the principal person responsible for this application and the owner of the property.

APPLICANT'S NAME

MAILING ADDRESS

TELEPHONE NUMBER. (daytime and/or cell)

FAX NUMBER

BUSINESS ORGANIZATION OF APPLICANT (if applicable):

Corporation (d/b/a)

Partnership

Sole Proprietorship

OWNERS AND OFFICERS IN APPLICANT'S BUSINESS ORGANIZATION (if applicable)

Position

Name and Address

PROPERTY OWNER(S) NAME (Titleholder)

Signature of property owner is required on page 3 of this application.

MAILING ADDRESS

TELEPHONE NUMBER. (Daytime)

2. PROPERTY INFORMATION

ADDRESS OF SUBJECT PROPERTY

NAME OF EXISTING OR PROPOSED BUSINESS(ES) AT THIS LOCATION

NAME(S) OF BUSINESS OWNER(S) OR MERCHANT(S)

Name

Phone

TYPE OF PRODUCT OR SERVICE

3. PROPOSED FACADE IMPROVEMENT(S) DESCRIPTION

Project Description: (Describe the scope of the work proposed, include the size, the type of materials, product specifications, color of paints and other materials where applicable: Attach detailed sketches, architectural plans, designs and/or renderings. Sign requests must include lettering, color, shape, materials, etc.)

PHOTOGRAPHS

Supply at least two 4 x 6 photographs of the existing building facade. Additional photographs of the specific work area are recommended.

Number supplied with application

ESTIMATED COST OF PROJECT: (Attach a detailed cost budget of the project. Attach copies of three contractor proposals for all work).

Total estimated cost of all facade improvements:

Total amount of FIP funds requested:

Balance of project cost to be paid by Applicant:

Please indicate and provide proof of funding sources for Applicant's cost:

Cash (Specify amount)

Loan (Specify amount, type of loan, and financial institution)

The Façade Improvement Program is a rebate program which operates on a reimbursement basis. In order to obtain the FIP rebate, the Applicant must pay the total project costs and then submit a request for reimbursement of the FIP rebate amount to the Greater Holyoke Chamber Centennial Foundation. Rebates will not be issued until the project is completed and all contractors have been paid in full.

ARCHITECT: Name and address of architect/contractor who is responsible for your drawings, plans, bid specifications, and permits:

Name:

Address:

Telephone No:

Fax:

Have you completed and attached the Hold Harmless/Indemnity Agreement?

Yes No

5. CERTIFICATIONS

The undersigned hereby represents and certifies to the best of his/her knowledge and belief that the information contained on this statement and any exhibits or attachments hereto are true and complete and accurately describe the proposed project, and the undersigned agrees to promptly inform the Holyoke Chamber of Commerce of any changes in the proposed project which may occur.

Signature of Property Owner

Date

Print Name

ADDITIONAL DOCUMENTATION TO BE ATTACHED TO THIS APPLICATION:

- Attach proof of ownership (property deed, tax bill, etc). Provide copies of architectural drawings, plans, and renderings of the new facade.
- Provide at least two 4 x 6 color photographs of the existing facade.
- Provide three written construction cost estimates and contractor proposals.
- Sign and attach the Hold Harmless and Indemnity Agreement.
- Copy of Building Permits
- Certificate of Liability Insurance from all contractors
- Copies of product specifications or industry-cut sheets for doors/windows/historical elements for MA Historical Commission review
- Vendor Set-Up Forms