

# Richmond Highway

## FACADE IMPROVEMENT PROGRAM

### GRANT APPLICATION

Date Application Submitted \_\_\_\_\_

Applicant \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_

Building Owner

Tenant

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number where you can be reached during the day \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Owner, if different from Applicant \_\_\_\_\_

Is owner aware of application?

Is there owner approval?

Is there a rent agreement?

Type of Improvements being Proposed

Exterior facade

Sign

Site

Other: Please explain on back of this application

Date of work session with Design Review Committee (DRC) \_\_\_\_\_ (to be provided by SFDC)  
Please bring photographs, sketches, written summary of proposed project.

Comments and Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit the following information to SFDC no later than **5 P.M. one week prior to request** for approval by DRC.

- A. Photographs clearly showing existing conditions of the building to be improved;
- B. A written summary of the proposed work;
- C. A site plan or a location plan for landscape, sign, parking, and lighting projects;
- D. Architectural drawings that adequately and comprehensively show the proposed project including details of cornices, windows, decorative elements, signs, etc;
- E. Exact samples of paint, colors, and materials;
- F. A cost estimate provided by a Class A or B contractor;
- G. The property agreement, if owner is different from applicant;
- H. All required Federal, State, and County permits.

Total cost of Improvements \_\_\_\_\_ Grant amount requested \_\_\_\_\_

*I understand that in order for my request for a facade improvement grant to be approved, I must agree to work with the Design Review Committee and to follow the Richmond Highway Facade Improvement Design Guidelines. I also understand that monies are granted on a reimbursement basis following completion of work and approval by the Fairfax County Redevelopment and Housing Authority. I also understand that any changes made to the project after the grant approval which have not been approved by the Design Review Committee will not be eligible for funding and may disqualify the entire project for the grant funding. I also certify that if I am a tenant of the aforementioned property that I have obtained authorization from the property owner to complete the project and obtained necessary changes to my rent agreement.*

Signature of Application \_\_\_\_\_ Project # \_\_\_\_\_

(to be provided by SFDC)

TO BE COMPLETED BY THE DESIGN REVIEW COMMITTEE

Reviewed by DRC on \_\_\_\_\_  Approved  Denied

Reasons and recommended changes \_\_\_\_\_

\_\_\_\_\_

Amount recommended for FCRHA grant \_\_\_\_\_

# Richmond Highway

## FACADE IMPROVEMENT PROGRAM

### GRANT REVISION

Project Number \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

Applicant \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### Revision

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

Scope of Revision \_\_\_\_\_

\_\_\_\_\_

Accepted

Denied: reasons and recommendations \_\_\_\_\_

\_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

#### Revision

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

Scope of Revision \_\_\_\_\_

\_\_\_\_\_

Accepted

Denied: reasons and recommendations \_\_\_\_\_

\_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

#### Revision

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

Scope of Revision \_\_\_\_\_

\_\_\_\_\_

Accepted

Denied: reasons and recommendations \_\_\_\_\_

\_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

#### Revision

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

Scope of Revision \_\_\_\_\_

\_\_\_\_\_

Accepted

Denied: reasons and recommendations \_\_\_\_\_

\_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

# Richmond Highway

## FACADE IMPROVEMENT PROGRAM

### GRANT AWARD

Project Number \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

Applicant \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### Grant Award

Date Project Recommended for Approval by DRC: \_\_\_\_\_

\_\_\_\_\_  
Signed SFDC Executive Director

Amount Recommended \_\_\_\_\_

Date Project Approved by FCRHA \_\_\_\_\_

\_\_\_\_\_  
Signed Fairfax County Redevelopment and Housing Authority Representative

Grant Amount Awarded \_\_\_\_\_

#### Final Inspection

Date of Final Inspection: \_\_\_\_\_

\_\_\_\_\_  
by FCRHA/SFDC Representative

Project Approved for Payment

Project Not Approved for Payment

Comments \_\_\_\_\_

\_\_\_\_\_

*A project Not Approved for payment will return to the Design Review Committee for review. The Committee will either choose to concur with the findings or recommend payment.*

#### Request For Payment

Amount Requested \_\_\_\_\_

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

Made payable to: Name \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_

Check Number \_\_\_\_\_ Issued on this Date \_\_\_\_\_

#### Coding for Funding Source (by County Staff)

Fund \_\_\_\_\_

Index Code # \_\_\_\_\_

Project # \_\_\_\_\_

Project Detail \_\_\_\_\_

Sub-object \_\_\_\_\_