

# Grant Application

**OMI**

**OXFORD MAINSTREET INC**

Façade Restoration Grant Program Application

Questions regarding the completion of this application or the eligibility of your project?  
For answers, call April Ennis-Pierson, Mainstreet Manager, Oxford Mainstreet, Inc. at 610. 998. 9494.

Applicant's Name

Business Name

Project Site Address

Mailing Address (if different from project site address)

Business Phone

Business Fax

Business E-mail

Applicant's Home Address

Are you the owner of record of the subject property?  Yes  No – If no, please complete the next three lines of information.

Property Owner's Name

Property Owner's Address

Property Owner's Phone

**Brief Project Description** - Please provide a description of the project and its key elements.

**Indicate the appropriate category associated with the project.**

- |  |   |
|--|---|
| <input type="checkbox"/> Signs and Awnings                 | <input type="checkbox"/> Additions and Architectural Elements |
| <input type="checkbox"/> Exterior Painting and Restoration | <input type="checkbox"/> Site and Building Enhancements:      |
|  | <input type="checkbox"/> Paving and Siting                    |
|  | <input type="checkbox"/> Walls and Fences                     |
|  | <input type="checkbox"/> Exterior Lighting                    |

**Please Note:** Applications will be accepted for review at any time throughout the year. The awarding of grants is at the discretion of OMI and is dependent on funding from the Department of Community and Economic Development (DCED) and is based on the allocation of funds for the Façade Restoration Grant from the DCED. There is no certainty that funds will be available at any given time.

**Please Note:** The maximum reimbursement allowed under the Façade Restoration Grant Program may not exceed 50% of the total project cost up to a maximum of \$5,000 or as otherwise noted. The Façade Restoration Grant Program cannot be used to pay for work that is currently in progress or has been completed.

Anticipated Project Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Anticipated Project Completion Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional Funding Source(s) – Check all that apply to your project

- Cash
- Bank Loan
- Other (please specify and describe below)

---

---

---

The applicant acknowledges the terms and conditions associated with the Façade Restoration Grant Program and agrees to comply with all of its requirements.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of property owner of record (if different than above)

\_\_\_\_\_  
Date

Submit grant applications to:

**OXFORD MAINSTREET INC**

Façade Restoration Grant

23 South Third Street

P.O. Box 315

Oxford, PA 19363

---

**For Office Use Only**

Target Area Location?     Yes     No

Code Compliance?     Yes     No

Financial Responsibility?     Yes     No

\_\_\_\_\_  
Signed, Mainstreet Manager, Oxford Mainstreet, Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed, President, Oxford Mainstreet, Inc.

\_\_\_\_\_  
Date

Design Committee Approved?     Yes     No

\_\_\_\_\_  
OMI Design Committee Chairperson

\_\_\_\_\_  
Date