



**CITY OF JOHNSTOWN**  
Department of Community and Economic Development  
401 Main Street  
Johnstown, PA 15901  
814-539-2504, Ext.110

## **Façade Improvement Grant Program Application**

### **Instructions**

Complete each of the following sections and return the completed application to the City of Johnstown, Department of Community and Economic Development 401 Main Street, 2<sup>nd</sup> Floor, Johnstown, PA 15901.

All applicants must ensure that their submissions are complete and adhere to the guidelines outlined. Incomplete applications will not be reviewed or considered for funding. To be deemed complete, applications must include all required documents, forms, and supplementary materials as specified in the application instructions. Any applications missing essential elements will be automatically disqualified from the review process.

Property Owner \_\_\_\_\_

Company/Applicant (if different) \_\_\_\_\_

Address of structure receiving funds \_\_\_\_\_

Neighborhood \_\_\_\_\_

Contact Person \_\_\_\_\_ Email (Required\*) \_\_\_\_\_

Phone: \_\_\_\_\_

Nature of Business \_\_\_\_\_

Legal Form of Business:

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ "C" Corp \_\_\_\_\_ "S" Corp \_\_\_\_\_ Other \_\_\_\_\_

DUNS Number \_\_\_\_\_ Years In this Business \_\_\_\_\_



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**Eligible Improvements**

**Check all that apply:**

Surface Treatments		Windows		Misc., Replacements, Construction, Rehabilitation	
Painting	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	Signage	<input type="checkbox"/>
Siding	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Rainspouts	<input type="checkbox"/>
Front	<input type="checkbox"/>	Restoration	<input type="checkbox"/>	Gutters	<input type="checkbox"/>
Side (visible from street)	<input type="checkbox"/>	Other	<input type="checkbox"/>	Awnings	<input type="checkbox"/>
Other	<input type="checkbox"/>			Canopies	<input type="checkbox"/>
				Other	<input type="checkbox"/>

**Use and Source of Funds**

**Use of Funds:**

Please provide a short description/list of proposed façade project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Total Project Cost: \$ \_\_\_\_\_

**Do you have at least three (3) Quotes/Bids for the proposed work? If yes please include quotes/bids with your application.**

Yes  / No

**Source of Funds:**

Please list all sources of funds for façade project including bank financing and/or applicant's Injection. Note: funds from City towards project are a grant with no term or annual rate, if project is kept in commercial use for 5 years after completion of project. See guidelines for further explanation.

Source of Funds	Amount	Term	Annual Rate	Annual Payment
City of Johnstown		N/A	N/A	



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**Grantee's Certification**

The applicant certifies that all information provided in this application, as well as any supporting documents, is accurate and submitted for the purpose of obtaining a façade improvement grant from the City of Johnstown's Department of Community and Economic Development. The City reserves the right to verify this information through any listed source. The applicant agrees to comply with all requirements associated with any grant awarded by the City of Johnstown.

Penalty for false or fraudulent statement, U.S.C Title 18 Sec 1001

'Whoever, in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies ... or makes false, fictitious or fraudulent statements, or representatives, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined no more than \$10,000 or imprisoned not more than five years, or both"

Applicant Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_