

## Oil City Main Street Program Façade Improvement Grant Application

**Important:** Please obtain a copy of the OCMS Façade Improvement Grant Program Guidelines and read them thoroughly before completing this application. Please print legibly – neatness counts!

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant is the: \_\_\_ Property Owner \_\_\_ Tenant (Current Lease Expiration Date: \_\_\_\_\_)

**Property Information:**

Building/Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Building use: (check all that apply): \_\_\_ Commercial \_\_\_ Mixed Use (# Residential Units: \_\_\_\_\_)

Is the building fully occupied? \_\_\_ Yes \_\_\_ No \_\_\_ Development Plan Attached

**Property Ownership:** If applicant is not the property owner, please provide the following:

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Summarize the current condition of the property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of the scope of work for your proposed façade improvement project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will this project impact the appearance of the building and the downtown Oil City area?**

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**Project Costs:** Please complete the section below (attach all estimates: 2 recommended for each project)

<b>Project Type</b>	<b>Contractor/Vendor Name</b>	<b>Cost Estimate</b>	<b>Grant Request (50% of project cost)</b>	<b>Maximum/ Grant Limit</b>
Awning/Canopies		\$	\$	\$5,000.00
Signage		\$	\$	\$2,500.00
Windows		\$	\$	\$5,000.00
Doors		\$	\$	\$5,000.00
Exterior Cleaning or Painting		\$	\$	\$5,000.00
Masonry Cleaning, Repair or Restoration		\$	\$	\$5,000.00
Architectural Elements Repair/Restoration		\$	\$	\$5,000.00
Exterior/Window Lighting		\$	\$	\$5,000.00
Design Assistance		\$	\$	\$5,000.00
<b>ESTIMATED TOTALS</b> <i>(Maximum Grant: \$5,000.00)</i>		\$	\$	\$5,000.00

**Timing:** Anticipated start date: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

**Site Visits:** An on-site review of the project must be completed prior to the approval of funding. The applicant or a representative on behalf of the applicant must be present for the on-site review.

**Permits:** Applicant must obtain all necessary permits, and the Oil City Code Administration Dept. must inspect all work before, during, and after to ensure compliance to all Oil City ordinances and state regulations. All work must conform to current local and state building codes and permits.

**SIGNATURES OF APPLICANT AND PROPERTY OWNER:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner (if not applicant)

\_\_\_\_\_  
Date

### STATEMENT OF UNDERSTANDING

I understand that this Façade Improvement Grant Program is funded by Pennsylvania DCED and any grant that I may be approved for by the Oil City Main Street Program (OCMS) shall be **contingent upon the availability of state funding**.

I understand that this is a **matching grant** and if I qualify, I can only receive up to **50%** of the cost of the eligible projects, not to exceed \$5,000.00, subject to the maximum limits stated above as well as in detail through the OCMS Façade Improvement Grant Program Guidelines. I understand that I am required to provide a 50/50, dollar for dollar match to the requested grant amount.

I also understand that prior to receiving payment of the matching grant; all work must be completed in a manner consistent with the work described in my grant application. Work must conform to all state/federal laws and local ordinances as well as all necessary permits shall be obtained.

**I understand that this façade grant program is subject to the Prevailing Wage Act which specifies that if the entire project cost is over \$25,000.00, I must pay the prevailing wage according to the Pennsylvania Department of Labor and Industry.**

I understand that this is a reimbursable grant and I **will not be reimbursed for any work begun or expenditure made before grant approval**. I also understand that copies of paid invoices will be submitted to the both the City and the State for reimbursement, and that reimbursement could take up to **90 days or more**.

I understand that any changes I make to my plan **after** grant approval must be submitted to the OCMS Design Committee in writing for approval, and I may not be reimbursed for those changes.

I understand that the work completed will be reviewed by the Oil City Main Street Manager and/or Design Committee as well as Oil City Code to ensure work was completed as agreed upon in the scope of work and Letter of Commitment.

I understand that I must submit proof of project completion and payment in full, including: photographs of the completed project, copies of signed contracts, final invoice(s), and cancelled check(s) or confirmations of payment in full. I understand that cash payments to vendors will be denied for reimbursement.

I understand that all work must be completed within the agreed upon timeframe unless an extension has been asked for and formally agreed upon in writing by the OCMS Design Committee.

I understand that my project may be featured in overall publicity of the OCMS and/or DCED Façade Improvement Grant Program via signage, before & after photos, press announcements, etc.

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Signature of Applicant Date

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Signature of Property Owner Date  
(if not applicant)

**Please attach a copy of all of required documentation:**

✓	Documentation Needed	Example
	Proof of current conditions	Photos: close-up and "across the street" – hard copy or digital
	Proof of project costs	Two (2) written, itemized cost estimates from licensed contractors for each project. Indicate your choice in the Project Cost section above.
	Example of work to be done	Applicable drawings, diagrams, renderings, product samples, color swatches, etc. (OCMS color palettes are encouraged for painting)
	Proof of ownership of building	Copy of deed or copy of tax bills
	Proof of current taxes (city, school district and county)	Copy of tax bills with paid stamp OR copies of tax bills with corresponding cancelled checks
	Proof of insurance	Copy of certificate of insurance for the building
	Proof of current fire inspection	Copy of compliant fire inspection report within the past 24 months (contact Code Office at 814-678-3003 to schedule)

**TO APPLY:**

1. Read the OCMS Façade Improvement Grant Program Guidelines in advance.
2. Return this application with all documentation before the last day of the month to the address below. For additional information, please contact:

Kathy Bailey, Main Street Manager  
 Oil City Main Street Program  
 217 Elm Street, Oil City, PA 16301  
 (814) 677-3152, ext. 101 | [kbailey@oilregion.org](mailto:kbailey@oilregion.org)

<b>For Internal Use Only</b>		Received on (date): _____
		Received by: _____
Documentation Complete:		
<input type="checkbox"/> Completed Application		
<input type="checkbox"/> Signatures of applicant and property owner		
<input type="checkbox"/> Written project description – scope of work		
<input type="checkbox"/> Design plan(s), drawings – renderings, samples, color swatches, etc.		
<input type="checkbox"/> Photographs		
<input type="checkbox"/> Contractor and material costs estimates for each eligible project		
<input type="checkbox"/> Proof of ownership		
<input type="checkbox"/> Proof of current taxes (city, school district, and county)		
<input type="checkbox"/> Proof of insurance		
<input type="checkbox"/> Current (24 mos.) Compliant Fire Inspection Report		
Site Visit Made By: _____	Date: _____	
Approved by OCMS Design Committee: _____	_____	
Approved by Oil City Council: _____	_____	
Written approval/denial sent to the applicant: _____	_____	
Post-completion Site Visit By: _____	_____	