



GRANT APPLICATION

Façade Improvement

374 East Main, Vernal, Utah 84078
www.vernalcity.org

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FAX (435) 789-2256
Email carlmorton@vernalcity.org

Fill out completely INCLUDING ALL SIGNATURES. Include any appropriate supplemental documentation.
THE AWARDING OF GRANTS IS BASED ON AVAILABILITY OF FUNDS

SITE INFORMATION: Site must be within the boundaries of the Downtown Community Reinvestment Area (CRA).

Address(s):

County Parcel Number(s):

Property Owner(s):

Business(s) on Site:

PROJECT INFORMATION: Attach documents, such as bids and estimates, demonstrating costs. This grant may be used to reimburse up to forty percent (40%) of the cost of the project with a maximum total disbursement of \$100,000 regardless of total project cost. The minimum eligible total project cost is \$2,000 (grant total of \$800).

Total Cost of Project (estimate):

Source of estimate (contractor bid, owner estimate, architect estimate, other):

Proposed Start Date:

Proposed Completion Date:

APPLICANT

Name:

Address:

Telephone:

email:

I certify that this information, including any attachments, is correct to the best of my knowledge. I understand that the award of any amount of grant is fully at the discretion of Vernal City and its appointed agents. I further understand that other applications and permits may be required for this project, such as a building permit.

Signature (applicant):

Date:

I have read and understand the current Downtown Vernal Façade Grant program.

Signature (property owner):

Date:

FOR OFFICE USE ONLY

Application Number _____ Date _____ By _____

Grant Awarded (y/n) _____ Amount: _____ Cross Reference _____

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ELIGIBLE ACTIVITIES: Describe the proposed improvements in detail. Attach additional sheets as necessary, to include any available drawings, pictures, sketches and plans. Additional information may be requested as needed. A “before” picture is required showing the property before any project related improvements are made.

REVIEW AND COMMENTS (to be completed by the Review Committee)	
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Date and Time Received: _____

Date and Time Deemed Complete:

50% Grant Eligible (yes/no)

Amount of Grant Available at 50%:	
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Comments:

[illegible]

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