



**Goliad Main Street Program
Paint, Façade Repair & Signage Grant
APPLICATION**

APPLICATION DEADLINE:

(Must be received in Main Street office (City Hall) by 5:00 pm on due date)

Grant due dates:

October 4th, 2022 deadline November 1st, 2022

March 1st, 2023 deadline April 5th, 2023

Submit *application form, narrative and “before” photo* to:
Goliad Main Street, 152 W. End Street, PO Box 939, Goliad, TX 77963

For more information call the Goliad Main Street office at 361-645-3454

Guidelines for Paint, Façade Repair & Signage Grant

1. Any building owner, or store proprietor/tenant with written authorization from the owner, within the designated Main Street District (see attached maps of Main Street District and Historic District) can apply for the biannually awarded, competitive, **\$1,000.00** Paint, Façade Repair & Signage Project **reimbursement** grant. Only exterior (front and back) side and signage will be eligible for this grant.
2. Funds will be administered in the following manner: one grant awarded twice a year. If an application is not awarded the grant in the time frame submitted, a new application can be submitted during subsequent funding cycles. An application must be updated before being resubmitted for consideration.
3. **A before picture must be submitted with application and the building owner must sign application.** Applications will be reviewed and selected by the Goliad Main Street Board of Directors. Those buildings which are also in the designated Historic District must meet the requirements of the City of Goliad’s Historic District ordinance 302-A as governed by the Board of Architectural Review and the project must be reviewed by the Board of Architectural Review BEFORE it can be submitted for consideration for the Goliad Main Street Paint, Façade Repair & Signage Grant (separate application for permit for historic district building projects available at City Hall).

4. After the Goliad Main Street board has determined the grant award recipient and once the project has been completed as agreed upon, **paid receipts and copies of cancelled checks and after photos must be presented to the Goliad Main Street Board for reimbursement.** Reimbursement will be made on actual expenditures up to a maximum of \$1,000.00. Work on project must be completed within 1 year of application approval. All receipts must be dated within the 1 year of application approval.

Goliad Main Street Program Paint, Facade Repair & Signage Grant APPLICATION

***Please include the following information in your *separate one-page narrative* and attach to this application form:**

- Historic Name of Building and present day use
- Building Address
- Description of Work to be done (exterior walls, front, side, back, detailing, windows, paint, awning, doors, signage)
- Project timeline

***Please include a 'before' picture of the building showing the area of the work proposed and include with this application form**

***Please include the building owner's signature on this application form.**

If renovation project lies in the Historic District of Downtown Goliad, have you submitted an Application for Permit for project within the City of Goliad Historic District to comply with City of Goliad Preservation Ordinance 302-A?

____ NO
____ YES

Committee reviewed project on _____ (date) _____

Name: _____

 ___ Owner ___ Occupant

Physical Address _____

Mailing Address:

Phone: _____

Signature of Building Occupant _____ Date _____

Signature of Building Owner _____ Date _____

Paint & Facade Repair Grant
Board Review Worksheet

Date: _____

Historic Name of Building:

Building Address: _____

Name: _____

Circle one: owner occupant

Phone: _____

SEE NEXT PAGE TO COMPLETE APPLICATION

Type of Building Façade Work: New____ Repair____

- Paint _____
- Awning/canopy _____
- Trim work _____
- Signage

Approvals: Historic Review Board, if applicable: Date Approved: _____ Chairman: _____ Main Street Program Board: Date Approved: _____ Chairman: _____

Date Project must be completed & receipts submitted by: _____

Date receipts presented for reimbursement: _____ Total amount of receipts: _____ Date of reimbursement: _____ Check # _____
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