



Hampton Downtown Development Authority

Façade Grant Program

- ♦ Fresh Facades - Paint & Awnings
- ♦ Historic Storefront Restoration
- ♦ Historic Masonry Stabilization
- ♦ Non-historic Storefronts Renovation
- ♦ Non-conforming Feature Removal
- ♦ Signage

Façade Grant Application

Grants area awarded on a competitive basis as funds permit. Consideration is given to the participant's matching funds as well as implementation of the program's downtown design objectives.

Eligibility

Property Owner

Business Owner

Applicant Name: _____ Business Name: _____

If not the property owner, the owner must sign the application or include a letter with owners authorization for the application.

[Contact information] Email: _____ Phone Number: _____

Project Physical Location: _____

Historic District/COA Date of COA Approval: _____

- ⇒ If you need a Certificate of Appropriateness (COA), the Community Development or Main Street/Economic Development Office will be happy to assist you. Applications available in City Hall in the Community Development Office.
- ⇒ Dependent upon the scope of work, your project may also be eligible for Federal and /or State tax incentive programs when rehabilitating a historic downtown property. Please ask the Main Street/Economic Development Office about tax incentives.

Before Photographs: Façade Front / Side/Rear

____ (Applicant initial here) I understand and acknowledge that photographs are herein submitted for grant review, reports, presentations, and website use.

- ⇒ Attach 2 –10 photographs (4x6) or
- ⇒ Send high quality digital photographs (jpeg) to HamptongaDDA@gmail.com
- ⇒ No camera? Contact Hampton Main Street Office (770-946-4306) and they will be glad to help you with the photos.

PROJECT INFORMATION

Projected Start Date: _____

Projected Completion Date: _____

Project Description: (Must be detailed, include photos, diagrams, paint colors, ect. The more information provided the easier it is to evaluate the project.) _____

Contractor Name & Contact Phone: _____

Total Project Cost: _____ (attach copy of contractors bid)

Amount Requested _____ (50 % of total not to exceed \$1000)

Project Classification:

Major _____ Minor _____ Grant Bonus _____

Major: Restoration/Rehabilitation: Façade improvements in excess of \$25,000

Minor: Rehabilitation projects such as repainting of an existing painted façade, new awnings or recovering of an existing awning, storefront and/or masonry stabilization, signage.

Grant Bonus: Removal of an identified non-conforming feature, restoration of a documented historic feature, preservation of a mid-century storefront, or work that constitutes removal of slum and blight conditions.



Applicant Name: _____

Guidelines:

- ⇒ Prior approval is required for all projects, there is no reimbursement for projects started before receiving approval for grant funding
- ⇒ Appropriate approvals must be obtained from the City of Hampton Historic Preservation Commission, if the property is within the Historic Preservation District.
- ⇒ Projects must be completed within 120 days from approval date to qualify for reimbursement. Failure to complete projects within five (5) months of approval date will result in loss of approved funds.
- ⇒ The amount of the grant for approved projects is up to 50% of the project total with a maximum of \$1000 per application (subject to availability). The amounts may be changed from time to time due to fund availability. The amounts available at the time of application will be disclosed to the applicant.

Reimbursement Process:

- ⇒ Project completion and final inspection by a member of the façade Grant Committee.
- ⇒ Submission of paid invoices and two-sided cancelled check copies.
- ⇒ Submit photos of completed work.

Send all materials to:
Hampton Downtown Development Authority
P.O. Box 400
Hampton, GA 30228

Signing this application indicates that you have read and will comply with all provisions of the City of Hampton Downtown Development Authority Façade Grant Guidelines.

Signature: _____
Property Occupant

_____ Date

Property Owner _____ Date

Do Not Write in this Section: Presented DDA Meeting _____

DDA Notes: _____

Award amount authorized: _____ Denied: _____

Chairperson Signature _____ Date _____

To be completed when final documents received:

Amount reimbursed: _____ Check Number: _____ Date _____