



Executive Board Review

Disposition: _____

Date: _____

FACADE grant program application

Please return completed with necessary attachments and signed to Main Street Odessa office, 119 W. 4th Street #103, Odessa, Texas 79761.

Applicant Name _____ Date _____

Business Name _____

Mailing Address _____

Contact Phone _____ E-Mail Address _____

Building Owner (if different from applicant) _____

Building Address _____

Description of Work: (i.e. painting, roof repair, glass replacement etc)

List Contractor Proposals and Total Amounts (please attach original proposals):

Total Cost of Proposed Work: _____

Amount of Grant Requested: _____

Attach with completed application: 1) scale drawing/s or photographs of proposed work (if available) 2) all final paint color samples and materials to be used and 3) original construction company proposals; 4) \$100 membership fee.

Applicant's Signature

Date