



75/25 Downtown Milford Facade Improvement Program Application

Please provide information on your proposed project in as much detail as possible. Your signature below indicates your or your firms' intent to apply for matching grant assistance funding and that you have read and understand the program description.

Applicants must answer all items; incomplete applications will be returned. If an item does not apply to your project mark it "N/A".

Applicant(s) Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Property Owner(s) Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Project Location: _____

Scope of work to be undertaken (can attach contractor estimates, if available):

Describe the positive impacts your project will bring to Milford:

Total cost of project improvements: _____

Cost of eligible project improvements: _____

Amount of matching grant assistance requested: _____

Number of commercial tenant spaces within the building and square footage of each: _____

Number of residential tenant spaces within the building and the square footage of each: _____

Estimated time frame for project completion: _____

Should your project exceed your estimated project cost, do you have the working capital to complete the project in its entirety? Yes No

Additional Information – Required:

The following materials will need to accompany your application in order to be considered for matching grant assistance funding;

- If you are not the property owner, a signed letter from the property owner must accompany this application acknowledging their consent and understanding of the proposed project.
- Complete detailed list of project revenues and expenses.
- Specific details outlining the cost of the work to be done.
- Drawings detailing all of the work to be completed as part of the project.
- A description/sample of project materials and colors.
- Proof of insurance.
- Must be current on all real estate and personal property taxes.
- No outstanding amounts owed to the Town of Milford.
- Copy of current deed.
- Copy of current insurance certificate.
- Copies of outstanding mortgages and liens on the property.

Selection Committee will review and conditionally approve each project subject to receipt of all required additional information listed above as well as required Procurement pursuant to MGL Chapter 30B.

This program is intended to finance high-quality improvements that will improve the appearance and character of downtown Milford. The program is not intended to finance routine repairs or maintenance that would be required under existing building codes or that does not contribute to the character of downtown Milford.

I certify that the information contained within, and attached hereto, this application is correct and accurate to the best of my knowledge.

Signature of Applicant

Date

Complete applications and all supporting documents are to be delivered to:

Town of Milford
Selectmen's Office
52 Main Street
Milford, MA 01757
(508) 634-2303
rvillani@townofmilford.com