



Brownsboro Economic Development Corporation

Façade Grant Program Application

Please return completed with all necessary attachments to the BEDC, 11351 Willow Street, Brownsboro, TX 75756

Applicant Name: _____ Date: _____

Building Owner Name: _____

Business Name: _____

Mailing Address: _____

Contact Phone: _____ Email: _____

Building Owner (if different from Applicant): _____

Building Address: _____

Description of work to be done (attach detailed work descriptions, plans and photos).

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Does the building have historical significance? Yes ☐ No ☐

Total Cost of Proposed Project (Do Not Include Tax): _____

Amount to be paid by owner/tenant: _____

I certify that I am the owner of the above property, have read and will comply with the Façade Grant Program requirements, guidelines and procedures and understand that I will not be reimbursed for the work on this property until the project is completed.

Building Owner Signature _____ Date _____

Building Owner Mailing Address _____ Date _____

Applicant Signature (if not building owner) _____ Date _____

Attachments: ☐ Plans ☐ Cost Estimate ☐ Proof of Insurance ☐ Proof of Ownership ☐ Current Photograph

☐ Property Tax (Proof of Current status) ☐ Current Sales Tax Certificate ☐ Most recent Sales Tax Report (Prev Qtr)

FOR BEDC USE:

Application Received Date: _____

BEDC Review Date: _____

BEDC Project Suggestions or Comments: _

Project Approved by: _____

Date Approved: _____

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BEDC President

BEDC Vice President

Grant Payment Date: _____

Grant Payment Amount: _____