



## Façade Grant Application

### Applicant Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Business Information (if applicable)

Business name: \_\_\_\_\_

Business owner(s) name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Building Information

Building address: \_\_\_\_\_

Building owner(s) name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Project Information

Proposed façade changes (attach additional sheets if needed):

[illegible]

Estimated cost: \_\_\_\_\_

Amount of matching grant assistance requested: \_\_\_\_\_

## Grant Guidelines

- 1) The grant application must be submitted in paper form by **08/10/2025** at the Crown Realty office located at 101 E. Wall St.
- 2) All applicants will be notified by **08/15/2025** of grant approval or disapproval.
- 3) The grant will be a 100% match of the recipients costs up to an agreed amount between \$250 and \$2,500.
- 4) Grant money will only cover work done to the front exterior of the building.
- 5) Grant money will not cover any expenses prior to grant approval.
- 6) The grant recipient and building owner will be required to sign an agreement.
- 7) The facade work must be completed within the timeline ending **11/30/2025**
- 8) The grant recipient will have to prove the cost of the work with receipts and/or invoices.  
The expenses must be based on actual costs and not donated material or "in-kind" labor.
- 9) The Design Committee of Love the Harrisonville Square will inspect the completed work to verify it matches the grant value plus the recipients matching cost.
- 10) The grant recipient will have their money reimbursed after completion of the final inspection and verification of costs.
- 11) The applicant shall obtain all necessary permits and approvals prior to commencing any work. All required inspections must be completed and approved by the required officials.
- 12) If the applicant is not the building owner, the building owner must also sign this application to acknowledge their consent and understanding of the proposed project.

**NOTE:** Grant recipients are expected to become a paid Partner in Love the Harrisonville Square and our mission of revitalization in the year following the receipt of grant funds.

For additional information and Partnership levels please visit: [lovethesquare.org/support-the-square](http://lovethesquare.org/support-the-square)

## **Applicant's Acknowledgement**

I have read and understand the attached grant guidelines. I understand that this is a matching grant program and that money is granted on a reimbursement basis following completion of work. I also understand that building improvements not approved by the Design Committee of Love the Harrisonville Square will not be funded.

Applicant's name (please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Building Owner's Acknowledgement**

I, the building owner, have read and understand the attached grant guidelines. I have been informed of the applicant's intention to perform the improvements described in the attached documentation and I approve the proposed improvements.

Building owner's name (please print): \_\_\_\_\_

Building owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_



If you have questions please contact Cheryl Bush of the Love the Harrisonville Square Design Committee:

Cheryl Bush: cherylbush44@yahoo.com | 816-797-7900

**Please hand deliver completed application to:  
Crown Realty at 101 E. Wall St**