



City of Laredo Downtown Façade Improvement Grant Program



Grant Application

Thank you for your interest in the City of Laredo's Downtown Façade Improvement Grant Program. Your commitment and investment in downtown Laredo is a vital part of the City's goal of encouraging the restoration and renovation of our thriving central business district. Please answer ALL questions below. Your application will be delayed if blanks are left.

Submission Date: _____

Applicant Data

Applicant Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Property Data

Building or Business Name: _____

Building Address: _____ City: _____ State: _____ Zip: _____

Do code enforcement actions, tax liens, or judgments liens exist against the property? Yes ___ No ___

If yes, please explain: _____

Property Ownership

(If applicant is not property owner, please provide the following information)

Owner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Project Description

In the space below, please explain your plans and how a façade grant would assist you. (Attach an extra sheet of paper if needed).

How many full and part time job positions do you currently have? What are the employees' titles?

Number	Job Title	Full/Part Time Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the following information regarding the job(s) that will be created:

Job Title	Estimated salary	Full/Part Time Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to consider jobs *retained* as a result of this assistance, there must be clear and objective evidence that permanent jobs will be lost without assistance. This would include:

- Evidence that the business has issued a notice to affected employees or made a public announcement to that effect, or
- Analysis of relevant financial records which clearly and convincingly shows that the business is likely to have to cut back employment in the near future without the planned intervention.

How many positions do you expect to retain? _____

When do you expect to fill the required position(s)?

_____ Immediately _____ 0 – 3 Months _____ 3 – 6 Months

