



Building Improvement Grant (BIG) Application

APPLICATIONS MUST BE SUBMITTED BY 4 PM JULY 1, 2021

Grant Amount Requested: _____ Total Cost of Project _____

Category of work: Interior Exterior Both

Applicant name: _____

Applicant mailing address: _____

Applicant E-Mail Address: _____

Applicant's contact number: _____

Building name or LLC: _____

Applicant is building owner: Yes No Other: _____

Applicant is merchant/tenant: Yes No Other: _____

Project/building address: _____

Type of building: Commercial Residential Mixed-use

Scope of Work

Note in **bullet-point** fashion all work to be performed with grant funds, including the dollar amount associated with each and a total. Include copies of signed/dated contractor estimates. Additional pages may be included if necessary.

- _____ \$ _____
- _____ \$ _____
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- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Total \$ _____

Narrative

Please answer the following questions. Should you need additional space, please type and submit on a separate sheet.

(Note: When replacing doors, windows, railings, canopies, or other architectural components applicants must provide specific details regarding those replacements. See Secretary of the Interior Standards for further clarification or contact Opelousas Main Street Office.)

- 1. Describe the building and its historic significance (if any).**
- 2. Describe your project.**
- 3. Explain the need for the project and/or impact on the building, district or community.**

Applicant Signature Page

I, _____, ensure my grant project is in accordance with the guidelines outlined in the ODDD/OMS Building Improvement Grant Program. I further certify that my grant project is in compliance with all city, state, and federal laws, regulations, ordinances, codes, occupational licenses, taxes, etc. I do understand that BIG funds are given upon fund availability and my project's impact on the district.

Applicant's Signature

Date

Please print name

Building Owner's Signature (if building is not owned by applicant)

Date

Please print name

For Office Use:

Received on: _____

by: _____