



Building Improvement Grant (BIG) 2024 Application (Second Round)

APPLICATIONS MUST BE SUBMITTED IN PERSON OR MAILED AND POSTMARKED BY August 15, 2024 TO: OPELOUSAS DOWNTOWN DEVELOPMENT DISTRICT, 5367 I-49 S. SERVICE RD., OPELOUSAS, LA 70570

PLEASE PROVIDE ALL OF THE REQUESTED INFORMATION IN YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.

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: _____

Is this building over 50 years old? ___Yes ___No ___Unsure

Date business opened? _____(If applicable)

Type of building: ___Commercial ___Residential ___Mixed-use

Have you previously received funds from the Building Improvement Grant? ___Yes ___No

If so, what year received? _____

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. Must include copies of signed/dated contractor estimates. Additional pages may be included if necessary. Applications that are not completed will be disqualified.

- _____ \$ _____
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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: Please answer all questions individually.

(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. I also agree to being the grant project within 45 days of the official notice of award funding.

Applicant's Signature

Date

Please print name

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

Date

Please print name