



**CITY OF TENINO**  
**Façade Improvement Grant Application**  
 P.O. Box 4019, Tenino, WA 98589  
 Phone: (360) 264-2368 Fax: (360) 264-5772

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Person / Title: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

1. Is this business located within the historic downtown business district? Yes  No
2. If you are not the building owner, do you have the owner's permission to make improvements to this building? Yes  No
3. Did you receive a Façade Improvement Grant from the City in the previous year? Yes  No
4. Have you already received a Façade Improvement Grant from the City in this year? Yes  No

**5. Please attach a description of the improvement you wish to make.**  
 The description may be in the form of a sketch, drawing, photograph, words, or any combination thereof. The Façade Improvement Grant Review Committee will base its recommendation to approve or deny the award of a grant based on the information provided, so the description should "paint a picture" that enables each committee member to fully grasp the result you intend to achieve.

I certify, by my signature below, that I understand the following: I am applying for a grant of money from the City of Tenino for the purpose of contributing to the improvement of the Community Character as defined in the City of Tenino Comprehensive Plan. This request will be reviewed by the City's Façade Improvement Grant Review Committee; however, the decision to award or deny the grant rests with the City Council of the City of Tenino and each such decision will be made during a regular meeting of the City Council. The Committee will base its recommendation on information I provide on this form and that I attach to it. Finally, I understand that this grant will be made solely in the form of a reimbursement of funds actually expended in furtherance of a façade improvement effort and that the amount received will be one-third of the total amount of funds that I actually spent, up to a maximum of \$2000; provided, however, that "funds actually spent" may include "in kind" contributions of labor or materials that I furnished. Reimbursement will be made after project completion and upon presentation of all receipts.

\_\_\_\_\_  
 Applicant Signature Date  
 \_\_\_\_\_  
 Print Name / Title

**Space Below For City Use Only**

Date Received by City: \_\_\_\_\_  
 Name/Title: \_\_\_\_\_

Façade Improvement Grant Review Committee Recommendation:  Approve  Deny  
 Date considered: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Action by Council:  Approved  Denied  
 Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Grant Number: 2023-\_\_\_\_\_-\_\_\_\_\_

Date Presented for Reimbursement: \_\_\_\_\_ Amount spent by business owner: \_\_\_\_\_  
 Amount authorized to be reimbursed (1/3 of costs up to a maximum of \$2000): \_\_\_\_\_