

**Jacksboro Economic Development Corporation
Commercial Building Improvement Matching Funds Grant Program**

The Jacksboro EDC has approved a matching grant program to assist building owners in upgrading/updating the exterior of their buildings. A business may only receive assistance *once* during the fiscal year (October 1 to September 30) in this program. Applicants must be a for profit entity paying City and/or County taxes. Non-profit entities are not eligible. Funding assistance is approved and awarded at the discretion of the Jacksboro EDC board. Assistance will be distributed as reimbursement *after* the applicant submits paid receipts for the project. Inspection of the completed project will be required when receipts are submitted. Funds awarded through the JEDC Matching Grant Assistance program can only be used for the specific purposes listed on the application. If a successful applicant does not use the funds as intended and described by the application, funds will not be disbursed. Grants will be awarded in amounts from \$500.00 up to \$5,000.00. Applications will be accepted beginning October 1, 2013. Applications will be awarded by merit of the project and on a 1st come, 1st served basis. For more information or any questions on the program, please contact Lynda Pack at 940-567-3151.

JACKSBORO EDC GRANT ASSISTANCE GUIDELINES

Commercial Building Improvement Matching Grant

**Initial
Each Item**

- _____ • JEDC will match 50% of approved project cost up to a matching amount of \$5,000.00 for general renovations. (Example: you spend \$10,000.00 for approved improvements, JEDC reimburses you in the amount of \$5,000.00; you spend \$1,000.00 for approved improvements, JEDC reimburses you in the amount of \$500.00.)

- _____ • To qualify for the matching grant, all of the monies must be spent on approved improvements to the exterior of the building.

- _____ • Vacant buildings are eligible **IF** the owner demonstrates intent to bring the building up to a standard that is suitable for sale, lease, or rent.

- _____ • Eligible projects may include, but are not limited to: Painting; Awnings or canopies; Uncover and repair transom windows and/or second story windows; Moving A/C units from the front of a business; Improving or adding handicap accessible entrances; roof repairs; restoring facades.. Basically, any and all exterior improvements to the building may be eligible with the exception of signage.

- _____ • All taxes and city utilities on the building must be current and proof must be provided.

- _____ • Attach picture of building and a description of proposed changes.

- _____ • Attach copy of building permit if required.

- _____ • ANY work started or completed prior to grant approval is not eligible for funding.

- _____ • All grant applicants will be required to do a presentation to the Executive Director. Approval will be based on project merit and at the total discretion of the board.



Commercial Building Improvement Matching Grant Application

Business Name/Owner Applicant _____
(Building owner only may apply)

Building Address/Location _____

Phone _____ Fax _____ Email _____

Type of Business: Retail _____ Service _____ Manufacturing _____

Is the building occupied? Yes ___ No ___ If yes, please state type of business, if unoccupied please explain your plans for the building. (Attach additional sheet if necessary)

If occupied, provide number of hours open or operating per week: _____

What is the estimate value of the building? _____

Does the business collect sales tax? Yes ___ No ___ Sales Tax Number: _____

Type of Work to be completed (check all that apply):

___ Paint ___ Masonry repair/paint removal ___ Awning/Canopy ___ Windows ___ Restoration
___ Moving A/C ___ Safety/Handicap Accessibility ___ Other

Amount to be invested by applicant: _____ Amount of Grant Requested: _____

Attach the following:

1. A copy of the contractor/painter bid or estimated cost of materials if you will be doing the work.
2. Drawings of the work to be done, if applicable.

Business Owner's Signature

Date: _____

EDC Executive Director

Date: _____

EDC Approval/Officer Signature

Date: _____