



## DOWNTOWN IMPROVEMENT PROGRAM APPLICATION

This application may be either hand delivered to the City Manager's office or mailed to the following address:

City of Humble  
114 W. Higgins  
Humble, Texas 77338  
Attn: City Manager

Applicant may submit additional information as attachments to this form.

*Please type or print clearly*

1. Name of applicant: \_\_\_\_\_
2. Applicant SSN or EIN (if a business): \_\_\_\_\_
3. Applicant Driver's License Number: (State) \_\_\_\_\_ - \_\_\_\_\_
4. Applicant Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
5. Address/Location of project: \_\_\_\_\_  
\_\_\_\_\_
6. Description and length of time in residence / business \_\_\_\_\_
7. Are you willing to provide financial information upon request? \_\_\_\_ yes \_\_\_\_ no  
Have you personally filed any bankruptcies or been otherwise determined insolvent?  
\_\_\_\_ yes \_\_\_\_ no.  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Name of Contact Person: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

9. Do you own or lease the property? \_\_\_ own \_\_\_ lease

10. Proposed project description: \_\_\_\_\_  
Estimated cost of project: \_\_\_\_\_  
Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_  
Project contractor name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

11. Amount of matching grant requested: \_\_\_\_\_  
Applicant understands that proof of payment in the form of an affidavit stating contractors and subcontractors have been paid and any and all liens and claims regarding such work have been released may be required as well as receipts for materials, labor, inspection reports, or any other item the City Manager reasonably determines necessary to ascertain successful completion of the project.

Do you request reimbursement of city permit fees? \_\_\_ yes \_\_\_ no  
Applicant understands that provision of receipt of payment may be required for reimbursement of fees.

12. Description of benefits from project (*e.g. intended uses and users, change in taxable sales or value, effect on employment, overall effect on the community and other information that demonstrates the need for this project*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please provide any additional information you believe to be important concerning this grant application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please attach the following:

*Required:*

- a. \_\_\_ Photo(s) showing current condition.
- b. \_\_\_ Drawings, renderings, plans, etc relating to the proposed project.  
Describe color schemes, materials used, etc. when applicable.
- c. \_\_\_ Cost estimates (at least 2 quotes)
- d. \_\_\_ If owner, proof of ownership, such as conveyance instrument.
- e. \_\_\_ If lessee, copy of lease agreement in effect during project.

*Optional:*

- a. \_\_\_ Color palettes and material samples used in project, if applicable.
- b. \_\_\_ Attach any other additional information you believe important concerning this grant application (describe briefly):\_\_\_\_\_

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I DECLARE THAT THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

FURTHERMORE, BY SUBMITTING THIS APPLICATION I DECLARE THAT THE APPLICANT HAS READ AND HEREIN ACKNOWLEDGES ALL THE TERMS AND CONDITIONS SET FORTH HEREIN AND IN THE "CITY OF HUMBLE DOWNTOWN IMPROVEMENT PROGRAM GUIDELINES;" AND THAT THE APPLICANT BELIEVES THIS APPLICATION MEETS ALL THE ELIGIBILITY REQUIREMENTS AND IS NOT OTHERWISE INELIGIBLE PURSUANT TO THE PROVISIONS HEREIN AND PURSUANT TO THE GUIDELINES.

**APPLICANT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

If hand delivered:  
RECEIVED BY:

\_\_\_\_\_  
Date: