



**Goliad Main Street Program
Façade Grant
APPLICATION**

APPLICATION DEADLINE:

(Must be received in Main Street office (City Hall) by 5:00 pm on due date)

Grant due dates:

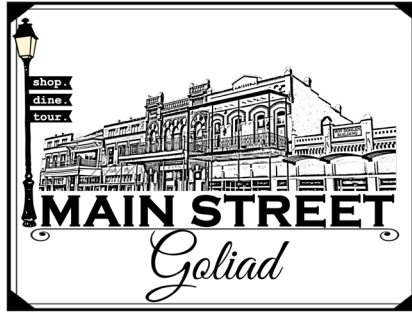
March 12, 2025 deadline April 12, 2025

Submit *application form, narrative and “before” photo* to:
Goliad Main Street, 152 W. End Street, PO Box 939, Goliad, TX 77963

For more information call the Goliad Main Street office at 361-645-3454

Guidelines for Façade Grant

1. Any building owner, or store proprietor/tenant with written authorization from the owner, within the designated Main Street District (see attached maps of Main Street District and Historic District) can apply for the biannually awarded, competitive, **\$1,000.00** Paint, Façade Repair & Signage Project **reimbursement** grant. Only exterior front, back, and sides, as well as signage and awnings, will be eligible for this grant.
2. Funds will be administered in the following manner: two grants awarded twice a year (two grants in the Fall, two grants in the Spring). If an application is not awarded the grant in the time frame submitted, a new application can be submitted during subsequent funding cycles. An application must be updated before being resubmitted for consideration.
3. **A before picture must be submitted with application and the building owner must sign application.** Applications will be reviewed and selected by the Goliad Main Street Board of Directors. Those buildings which are also in the designated Historic District must meet the requirements of the City of Goliad’s Historic District ordinance 302-A as governed by the Board of Architectural Review and the project must be reviewed by the Board of Architectural Review **BEFORE** it can be submitted for consideration for the



Goliad Main Street Façade Grant (separate application for permit for historic district building projects available at City Hall).

4. After the Goliad Main Street board has determined the grant award recipient and once the project has been completed as agreed upon, **paid receipts and copies of cancelled checks and after photos must be presented to the Goliad Main Street Board for reimbursement.** Reimbursement will be made on actual expenditures up to a maximum of \$1,000.00. Work on project must be completed within the budgeted year. All receipts must be dated within the 1 year of application approval.

Goliad Main Street Program Façade Grant APPLICATION

***Please include the following information in your *separate one-page narrative* and attach to this application form:**

- Historic Name of Building and present day use
- Building Address
- Description of Work to be done (exterior walls, front, side, back, detailing, windows, paint, awning, doors, signage)
- Project timeline

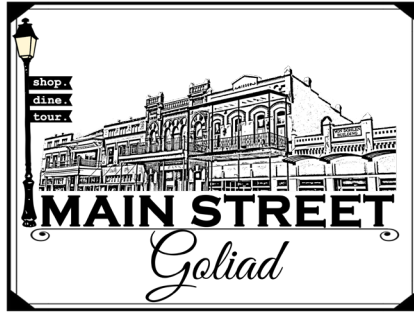
***Please include a ‘before’ picture of the building showing the area of the work proposed and include with this application form**

***Please include the building owner’s signature on this application form.**

If renovation project lies in the Historic District of Downtown Goliad, have you submitted an Application for Permit for project within the City of Goliad Historic District to comply with City of Goliad Preservation Ordinance 302-A?

____ NO
____ YES

Committee reviewed project on _____ (date)



Name: _____

___ Owner ___ Occupant

Physical Address _____

Mailing Address:

Phone: _____

Signature of Building Occupant _____ Date _____

Signature of Building Owner _____ Date _____

Façade Grant
Board Review Worksheet

Date: _____

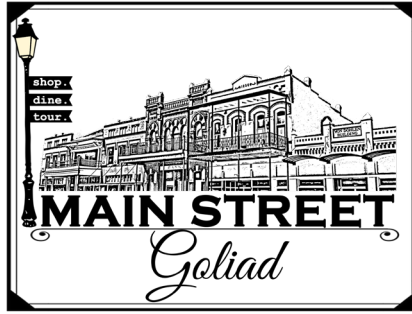
Historic Name of Building:

Building Address: _____

Name: _____

Circle one: owner occupant

Phone: _____



SEE NEXT PAGE TO COMPLETE APPLICATION

Type of Building Façade Work: New _____ Repair _____

- Paint _____
- Awning/canopy _____
- Trim work _____
- Signage

Approvals:

Historic Review Board, if applicable:

Date Approved: _____ Chairman: _____

Main Street Program Board:

Date Approved: _____ Chairman: _____

Date Project must be completed & receipts submitted by: _____

Date receipts presented for reimbursement: _____

Total amount of receipts: _____

Date of reimbursement: _____ Check # _____