

**Richmond Highway  
Façade Improvement Program  
Grant Approval**

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Date Application Submitted \_\_\_\_\_

Applicant \_\_\_\_\_

Tax Payer ID # \_\_\_\_\_

Building Owner     Tenant

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number where you can be reached during the day \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Owner, if different from Applicant \_\_\_\_\_

Circle One: Is owner aware of application?    Y   N    Is there owner approval?    Y   N

Is there a rental agreement?    Y   N

Type of Improvements being proposed: (Check all that apply)

Exterior facade                       Sign                       Site                       Other: Please explain below

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All proposed improvements to the site **MUST** be submitted to the Fairfax County Office of Community Revitalization (OCR). Once OCR determines that the application meets all of the requirements, a copy will be sent to the Southeast Fairfax Development Corporation (SFDC). The SFDC will then contact the applicant to schedule a work session with the Marketing, Community, Appearance, Planning and Transportation Committee (MCAPT).

Please submit the following information to OCR.

- A. Photographs clearly showing existing conditions of the building to be improved;
- B. A written summary of the proposed work;
- C. A site plan or a location plan for landscape, sign, parking, and lighting projects;
- D. Architectural drawings that adequately and comprehensively show the proposed project including details of cornices, windows, decorative elements, signs, etc.;
- E. Exact samples of paint, colors, and materials;
- F. A cost estimate provided by a Class A or B contractor;
- G. The property agreement, if owner is different from applicant;

Total cost of Improvements \_\_\_\_\_ Grant amount requested \_\_\_\_\_

I understand that in order for my request for a facade improvement grant to be approved, I agree to work with the SFDC MCAPT, and to follow the *Richmond Highway Façade Improvement Design Guidelines*. I also understand that participants are reimbursed up to the maximum approved Façade Improvement Program Grant amount upon project completion, project inspection, verification of contract compliance, review of invoice-payment receipts, and approved by OCR. I also understand that any improvements completed or initiated prior to contract ratification, and/or any changes made to the project after OCR grant approval, which have not been pre-approved by SFDC MCAPT and OCR, will not be eligible for funding and may disqualify entire project for grant funding. I also certify that if I am a tenant of the aforementioned property that, I have obtained authorization from the property owner to complete the project and obtained necessary changes to my rental agreement.

Signature of Applicant \_\_\_\_\_

Project # \_\_\_\_\_  
(to be provided by SFDC)

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**Richmond Highway  
Façade Improvement Program  
Grant Revised**

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Project Number \_\_\_\_\_

Property Address \_\_\_\_\_

Applicant \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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**Revision** \_\_\_\_\_ Date: \_\_\_\_\_

Scope of Revision \_\_\_\_\_

- Accepted
- Denied: reasons and recommendations \_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

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**Revision** \_\_\_\_\_ Date: \_\_\_\_\_

Scope of Revision \_\_\_\_\_

- Accepted
- Denied: reasons and recommendations \_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

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**Revision** \_\_\_\_\_ Date: \_\_\_\_\_

Scope of Revision \_\_\_\_\_

- Accepted
- Denied: reasons and recommendations \_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

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**Revision** \_\_\_\_\_ Date: \_\_\_\_\_

Scope of Revision \_\_\_\_\_

- Accepted
- Denied: reasons and recommendations \_\_\_\_\_

by SFDC Executive Director \_\_\_\_\_

**Richmond Highway  
Façade Improvement Program  
Grant Award**

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Project Number \_\_\_\_\_  
Property Address \_\_\_\_\_  
Applicant \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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**Grant Award** **Date Project Recommended for Approval by DRC:** \_\_\_\_\_

\_\_\_\_\_  
Signed SFDC Executive Director

Amount Recommended \_\_\_\_\_

Date Project Approved by OCR \_\_\_\_\_  
Signed: Fairfax County Office of Community Representative

Grant Amount Awarded \_\_\_\_\_

Contract Signed by Applicant Y N Contract Date \_\_\_\_\_

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**Final Inspection** **Date of Final Inspection:** \_\_\_\_\_

\_\_\_\_\_  
by OCR/SFDC Representative

- Project Approved for Payment
- Project Not Approved for Payment

Comments \_\_\_\_\_

*A project Not Approved for payment will return to the MCAPT for review. The Committee will either choose to concur with the findings or recommend payment.*

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**Request for Payment**

Amount Requested \_\_\_\_\_

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

Made payable to: Name \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_

Check Number \_\_\_\_\_ Issued on this Date \_\_\_\_\_

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**Coding for Funding Source** (by Fairfax County Staff)

Fund: 300-C30010  
2G02-020-000, OCR-RICHMOND HIGHWAY FAÇADE IMPROVEMENTS