

**DUE FRIDAY  
AUGUST 12<sup>TH</sup>, 2022**

**CHECKLIST**

Complete this checklist to ensure all required documents are included. Incomplete applications will not be considered.

|  |   |
|--|---|
|  | <b>Complete Behind the Façade Application</b>   |
|  | <b>Personal Background Exhibits</b>   |
|  | <b>Building Owner's Signature on Application</b>  |
|  | <b>If Building is Occupied:</b> <ul style="list-style-type: none"><li>• List of All Tenants and Businesses in the Building</li><li>• Copies of current tenants' lease agreements.</li><li>• Copy of current tenants' City Business Registration.</li></ul>  |
|  | <b>Statement of Project Description</b><br>A written statement of what the project will involve. Provide as much detail as possible.  |
|  | <b>Photographs of Existing Building</b><br>Submit a minimum of four (4) photos of your building in its current condition. Be sure to label each photo and indicate what improvements you are proposing to make in each. Photos must be submitted electronically in JPEG format.   |
|  | <b>Drawings of Proposed Improvements</b><br>Include a concept drawing of what the site will look like after work is completed. For larger projects involving a major scope of work, this will include copies of your renovation plan containing elevations and site plans. For smaller projects, a simple sketch may be appropriate at the Board's sole discretion. |
|  | <b>Detailed Cost Estimate Bids for Proposed Improvements</b><br>You must submit a minimum of one cost estimates from licensed contractors. Estimates should include all details of approved scope of work.  |
|  | <b>Initial and Signed Application Conditions</b>  |

Please submit all completed applications with required attachments in a hard copy format to:

Lovington MainStreet Office  
116 E Central AVE, Lovington, NM 88260

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**PROJECT INFORMATION**

**Applicant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Address for the Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

**Property Owner Information**

|  |        |              |
|--|--------|--------------|
| Name:  |        | Years Owned: |
| Address:   |        | Phone:       |
|  |        |              |
| City:  | State: | Zip:         |
| Email:   |        |              |
| Type of Ownership:   |        |              |
| Signature of Business Owner of Approval of Improvements: _____ |        |              |

**Business Owner Information**

\_\_\_ Same as above.

|                                    |        |                       |
|------------------------------------|--------|-----------------------|
| Name of Business:                  |        | Project Owner's Name: |
| Address:                           |        | Phone:                |
| City:                              | State: | Zip:                  |
| Email:                             |        |                       |
| Type of Business:                  |        |                       |
| Signature of Business Owner: _____ |        |                       |

**Statement of Project Description:**

**Please describe the improvements to be made as well as any property information.** *(Include a summary of the building's current condition, areas to be improved and how, as well as any proposed materials or colors. As well as the plan for the building as new businesses, new jobs, and increased sales. Price per square foot, leasable area. Appropriate drawings, budget estimates, project timelines, proof of ownership or executed leased with owner's written consent)*

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***Please meet with the City Planning & Zoning coordinator to discuss permit needs. (575) 396-9301***  
City Planning and Zoning Coordinator Signature: \_\_\_\_\_

**Timeline** *(Include when will you start, how long will the project take?)*

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**Proposed Improvement Budget**

|                         |                |
|-------------------------|----------------|
| Item Description: _____ | Cost: \$ _____ |
| Item Description: _____ | Cost: \$ _____ |
| Item Description: _____ | Cost: \$ _____ |
| Item Description: _____ | Cost: \$ _____ |
| Item Description: _____ | Cost: \$ _____ |

Grand Total Amount: \$ \_\_\_\_\_  
**Requested Grant Amount: \$ \_\_\_\_\_**

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**GENERAL CONDITIONS**

I, the undersigned, hereby submit this form to Lovington MainStreet's (LMS) Board of Directors as a request for assistance to make approved changes to my building. I understand that this application for assistance must go through an approval process and may be declined based on the program's guidelines and/or availability of funds. Furthermore, I agree to participate in the design process as necessary will allow any approved changes to the façade of the building located at the address identified on this form.

\_\_\_\_\_ The applicant is solely responsible for all safety conditions and compliance with all municipal, county, state and federal safety regulations, building codes, ordinances, labor and wage laws, and other applicable regulations.

\_\_\_\_\_ The applicant will use licensed contractors for jobs requiring permitting.

\_\_\_\_\_ If property is under a lease agreement, written consent from tenant on project and timeline of completion.

\_\_\_\_\_ Work completed prior to final grant approval is not eligible for funding. The applicant will not seek to hold the City of Lovington and/or its agents, employees, officers, and/or directors liable for any property damage, personal injury, or other loss relating in any way to the Behind the Façade Matching Grant.

\_\_\_\_\_ **If Building is Vacant;** Building must be occupied with a business that generates New Mexico Gross Receipts Taxes or creates a minimum of two (2) jobs within the City of Lovington within two years. Building owner will need to provide a quarterly report on efforts made to fill the building.

\_\_\_\_\_ The applicant agrees to maintain the property and improvements for a minimum of 5 years.

\_\_\_\_\_ The applicants are required to submit before and after photos of the completed project.

\_\_\_\_\_ The applicant understands the Lovington MainStreet Board of Directors reserves the right to make changes in conditions of the Behind the Façade Matching Grant as warranted.

\_\_\_\_\_ The applicant will attend preliminary presentation meeting and a post completion meeting with the Lovington MainStreet executive director.

\_\_\_\_\_ If plans change, revised plans must be submitted to Lovington MainStreet Board of Directors within two business days of decision to change. Revisions must be approved before undertaking project changes.

\_\_\_\_\_ If approved, an agreement for the Behind the Façade Matching Grant shall be signed by applicant, contractor, and the Lovington MainStreet Board of Directors.

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If separate from applicant.)



Revised: November 2019

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**APPLICATION CERTIFICATION**

Please read the statements below and certify that you understand:

I/we certify that the building owner is the owner of the property.

I/we have reviewed the program overview and guidelines, have familiarity with responsibilities of each party and understand that:

- Proof of at least one (1) estimate must be included in application.
- The Behind the Façade Matching Grant is up to \$10,000 and must be matched by applicant.
- Only one request per property; if property received funding in previous fiscal year applicant must sit out two years.
- The Behind the Façade Matching Grant is paid to the applicant upon completion of the project and final report has been approved by LMS Treasurer.
- All services to be performed by contractors shall be the subject of agreement between applicant and contractor(s).
- All projects must be permitted through the City of Lovington and/or the State.
- The Agency shall not assume any liability for such agreements, except as specifically authorized by the program.
- In the instance, that applicant fails to meet obligations; applicant will not be allowed to apply for two years.

I/we have read and understand the Behind the Façade guidelines, accept the qualifications and conditions and through signature(s) below, certify that I/we are qualified and will abide by such conditions set forth in this application and all reasonable conditions, which may be issued by Lovington MainStreet in the implementation of this program. I understand that this is a voluntary program, under which the Lovington MainStreet Board of Directors have the right to approve or deny any project or proposal or portions thereof.

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If separate from applicant.)

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Office Use:

Application reviewed by LMS Board on \_\_\_\_\_ (date). Request Approved: Y or N (Circle one.) Request approved in the amount of \$ \_\_\_\_\_. If not approved why: \_\_\_\_\_

Finalized: \_\_\_\_\_ (date) Board Treasurer Signature: \_\_\_\_\_



Revised: November 2019