



## Town of Galena, Maryland

101 S. Main Street, Galena, Maryland 21635

www.townofgalena.com • (410) 648-5151 • [info@townofgalena.com](mailto:info@townofgalena.com)

### FAÇADE IMPROVEMENT GRANT APPLICATION

The Galena Façade Improvement Grant Program supports exterior façade projects to recover and promote the integrity of the buildings and improve the visual characteristics of the Galena community. Funding for the Façade Improvement Grant Program is made possible by the State of Maryland. Department of Community and Housing Development (DHCD) – Neighborhood Revitalization program. This grant is an 80% match, with 20% of the total project being paid by the property owner.

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Business Name (if applicable):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Is this project address in the “Galena Historic District”?** Yes / No

**Please describe the proposed improvements to the property below:**

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**Has this property ever received a façade grant from the Town of Galena?** Yes / No

**If yes, when?** \_\_\_\_\_

**Setbacks:** These are the measurements of your property. Measure from the front of the home to the roadside; from the rear side of the house to the property line; from the left side of the home to the property line; from the right side of the home to the property line. These measurements must be on your site/sketch plan.

Front \_\_\_\_\_ Rear \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_

Total Cost of Project \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

MDIA Inspection Fee (if applicable) \$ \_\_\_\_\_

Application Fee (8% of total project cost) \$ \_\_\_\_\_

**Please submit the following information with your application:**

1. Proposed project budget and detailed cost estimates for work.
2. Minimum of two (2) proposals from two (2) different contractors with proof of their license allowing them to do work in the state of Maryland.
3. Photographs of the existing condition of the property.
4. Detailed site/sketch plans drawn to scale (if applicable).
5. Historic photo(s) of the building (if applicable).

**The Applicant certifies and agrees to the terms and conditions set forth below:**

1. The Applicant is the property owner in the Galena Façade Improvement Grant Program target area (within Town of Galena corporate limits).
2. The Applicant is in good standing with the Town of Galena regarding payment of taxes and utilities.
3. The applicant agrees to be bound by the rules outlined in the Galena Façade Improvement Grant Program and guidelines from Maryland Historical Trust (only applicable to properties in historic district).
4. All improvements to be undertaken will be consistent with all applicable zoning and building codes of the Town of Galena and Kent County (if applicable). Furthermore, if a review is necessary, by the Town of Galena Planning Commission in accordance with the Town of Galena Zoning Ordinance, the study will be conducted before the work on the façade begins and applicant is responsible for all relevant fees.
5. Only work outlined in the application will be eligible for reimbursement.
6. The project must be completed within one (1) year of the approval of the application. There are no extensions of grant funds. The project is not eligible for reimbursement if the work is not completed during the approved time.

7. Disbursement of funds shall be made only after the entire project is completed and certified by MDIA & MHT (if applicable). The work must adhere to any required inspections before any funds are reimbursed.
  - a. The Applicant must submit copies of invoices, receipts, and an itemized statement of the project's total costs.
  - b. Payment will be made within four (4) to six (6) weeks after the reimbursement has been approved.
  - c. The money awarded/reimbursed shall not exceed the amount outlined in the Letter of Commitment (to be sent after application is approved).
  - d. If work was completed before receiving a Letter of Commitment from the Town of Galena, the project will not be funded.
8. The Applicant understands that they are responsible for the construction management of the entire project.
9. The Applicant understands that they are responsible for maintaining the façade improvements described herein for three (3) years after project completion.
10. The Applicant understands and agrees that they shall be solely responsible for all safety conditions and in compliance with all federal, state, and local laws, safety regulations, building codes, ordinances, and other applicable regulations.
11. The Applicant shall indemnify, protect, defend, and hold harmless the Town of Galena and its agents & employees from all claims, damages, lawsuits, costs, and expenses, for any property damage, personal injury, or other loss relating in any way to the Galena Façade Improvement Grant Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant (print name): \_\_\_\_\_

Complete and return to:  
Galena Façade Improvement Grant Program Committee  
ATTN: Marisa R. Pisapia  
Town Administrator  
101 S. Main Street  
Galena, MD 21635  
[admin@townofgalena.com](mailto:admin@townofgalena.com)

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FOR OFFICIAL USE ONLY:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Administration Fee: \$ \_\_\_\_\_ Paid by: \_\_\_\_\_