

**APPLICATION TO PALESTINE ECONOMIC DEVELOPMENT CORPORATION  
DOWNTOWN GRANT PROGRAM**

1. Applicant/Applicants name(s): \_\_\_\_\_
2. Type of grant(s) being requested:  
 First Time Applicant  
 Recurring Applicant
3. Applicants contact Information.
  - a. Phone \_\_\_\_\_
  - b. Fax \_\_\_\_\_
  - c. Email \_\_\_\_\_
4. Physical address of property for which grant is being requested.  
\_\_\_\_\_
5. Is the property in the Palestine Main Street Overlay District?  Yes  No  
*(Properties must be in the Main Street Overlay District to qualify for the PEDC Downtown Grant.)*
6. Is the property in the Palestine Historic Overlay District?  Yes  No  
*(Historic district overlays can be found on the map at <https://downtowntx.org/palestine-texas> )*
7. What is the Zoning for the property?  CBD  MUN  RC  I  
*(Zoning information can be found at [cityofpalestinetxt.com](http://cityofpalestinetxt.com) )*
8. Is the property in the National Register’s Palestine New Town Commercial Historic District?  Yes  No  
*(Historic District information can be found at <https://atlas.thc.texas.gov/NR/pdfs/100007058/100007058.pdf> )*
9. Is it a Contributing property?  Yes  No *(Map on page 86^)*
10. Is the property individually listed on the National Register of Historic Places?  Yes  No
11. Is the property a designated Palestine Historical Landmark?  Yes  No
12. Does this project contribute to the Rehabilitation or Stabilization of a Vacant or Blighted Building?  
 Yes  No
13. Current occupancy type \_\_\_\_\_ Occupancy type upon project completion \_\_\_\_\_
14. Please provide the total square footage of the property: \_\_\_\_\_ sq ft
15. Is this a mixed-use (commercial & residential) property?  
 Yes  No

If so, please provide a breakdown of the square footage of the property based on current use:

Commercial: \_\_\_\_\_ sq ft

Residential: \_\_\_\_\_ sq ft

16. No. of Stories: \_\_\_\_\_
17. Business name, if applicable \_\_\_\_\_
18. Mailing address \_\_\_\_\_

19. This business is a

- Sole proprietorship
- Partnership
- Corporation
- Other \_\_\_\_\_

Please provide applicable business documentation such as DBA, Partnership Agreement, Corporate Charter, etc....

20. Please provide a brief description of business activity.

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21. Is this property owned or leased by Applicant?

- Owned, please provide proof of ownership.
- Leased, please provide a copy of the lease agreement.

Name of Lessor \_\_\_\_\_

Address of Lessor \_\_\_\_\_

Lessor Contact: phone \_\_\_\_\_ email \_\_\_\_\_

22. Date business established in Palestine, TX, if applicable \_\_\_\_\_

23. Number of employees, if applicable \_\_\_\_\_ Number of new employees, if applicable \_\_\_\_\_

24. Please provide a description of the proposed project:

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25. Proposed scope of work (Check all that apply):

**Façade/Exterior Walls:**

TOTAL/MAJOR RESTORATION or  PARTIAL RESTORATION OR MAINTENANCE

Including:  Slipcover Removal  Door(s)  Window(s)  Brick/Mortar  Awning  
 Weatherproofing/Sealing  Power Wash/Cleaning  Trim Paint  Wall Paint\*  
 Other \_\_\_\_\_

**Critical Building Components:**

REPLACEMENT OR MAJOR REPAIR or  MINOR REPAIR OR MAINTENANCE

Including:  Foundation  Exterior Wall System  Roof  
 Plumbing  Gas System  Electrical  Air Conditioning/Heat  
 Other \_\_\_\_\_

**Other Building Components:**

NEW INSTALLATION or  MAJOR REPAIR OR REPLACEMENT

Including:  Awning/Canopy (no signage)  Grease Trap  Dumpster Enclosure  
 Fire Protection/Suppression  Elevator/Lift (for any use)  Ramp/Stairs  
 Interior Painting  
 Other \_\_\_\_\_

**Business/Property Signage:**

NEW SIGN/SIGNAGE PACKAGE or  RESTORATION OF A HISTORIC SIGN

**Texas Accessibility Standards (TAS) Upgrades:**

- Removal of Architectural Barriers to provide accessible routes throughout buildings and facilities by replacement or modification to items such as doors, doorways, gates, ramps, curb ramps, elevators, platform lifts, etc.
- Provision of Communication and Signage that conveys information or instructions that is accessible and usable by people with disabilities, especially those with visual or hearing impairments. Examples include fire alarm systems with specified visual and tonal signals, signs with Braille and raised letters, assistive listening systems, etc.
- Renovation of Facilities and Amenities to include elements and features that provide services or convenience to users or visitors with disabilities, especially those with mobility or dexterity impairments. Examples include kitchens, kitchenettes, sinks, toilet facilities, bathing facilities, washing machines, clothes dryers, drinking fountains, dining surfaces, work surfaces, storage, etc.
- Technology and Digital Accessibility Upgrades to elements and features of buildings and facilities that involve the use of electronic devices or systems to access information or services. Examples of technology and digital accessibility include fire alarm systems, telephones, assistive listening systems, automatic teller machines (ATMs), fare machines, two-way communication systems, etc.
- Other Modifications to the design, installation, and operation of elements and features to be accessible and usable by people with disabilities, especially those with specific or unique needs or preferences, such as a clear floor or ground space, reach ranges, operable parts, seats, etc.

26. Amount of grant funds requested \_\_\_\_\_  
(Total possible funding per grant application is \$75,000 maximum)
27. Total projected cost of project \_\_\_\_\_
28. Estimated start date of project \_\_\_\_\_
29. Estimated completion date of project \_\_\_\_\_
30. Please provide competitive cost estimates (bids) for each different scope of work from a minimum of two (2) licensed and bonded contractors or suppliers. Detailed cost estimates, including material types, paint color samples and finishes are required. If two cost estimates are unable to be obtained, a written declination to bid by a licensed and bonded contractor may be considered as a substitute for one of the required estimates.
31. Please provide any additional information which would further help describe this project, including paint color and chips, photographs, rendering of design, specifications, and other material to describe your project
32. Please attach photos of existing conditions.
33. Please provide any additional information you believe to be important concerning this grant application.
34. I (we) the undersigned do hereby acknowledge, certify, and agree:
  - A. Prior to the submission of this application, a copy of the Palestine Economic Development Corporation Downtown Grant Program Guidelines has been obtained, reviewed, and clearly understood and is incorporated as part of the Application.
  - B. The submission of this Application does not create any property, contract or other legal rights in any person or entity that obligates the PEDC to provide grant funding.
  - C. Applicant certifies that it, the company, its branches, divisions, and departments do not and will not knowingly employ an “undocumented worker” as that term is defined by the Program Guidelines. Applicant will repay the total amount of the grant amounts received with interest if the company is convicted of a violation under 8 U.S.C. Section 1324a. Repayment will be due no later than the 120<sup>th</sup> day after the date PEDC notifies the Applicant of the violation or as otherwise provided in the Grant Agreement.
  - D. Improvements will not commence prior to having received written approval for a grant from PEDC, execution of a Grant Agreement and approval of the City of Palestine City Council if necessary. The PEDC Board has the authority to consider grants in amounts of less than \$10,000 without requiring final approval from the City of Palestine City Council.
  - E. Applicant(s) do not currently have outstanding or otherwise delinquent financial obligations to PEDC or the City of Palestine such as liens, court fines, city utility bills, sales tax, or property taxes. Further, applicant is not currently a party to a pending or active lawsuit against PEDC or the City of Palestine.
  - F. Applicant(s) must obtain all applicable permits related to the improvement project prior to commencement.
  - G. Applicant(s) certify that all attached estimates have been obtained from independent, qualified contractors, who are in no way affiliated or related to the applicant or competing bidder.
  - H. This Application and all statements therein are true and correct, and it is executed under penalties of perjury.

Signed this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant \_\_\_\_\_ Applicant \_\_\_\_\_

*[TO BE COMPLETED BY DEVELOPMENT SERVICES]*

Based on the project information provided with this application and the research documented above, at a minimum the project will require the following from Development Services:

- No further municipal approvals
- Pre-Development Meeting - Recommended                      Date Scheduled \_\_\_\_\_
- Certificate of Appropriateness from HLC                                      Date Received \_\_\_\_\_
- Historic Landmark Commission (HLC) Hearing                                      Date Scheduled \_\_\_\_\_
- Sign Permit Application
- Main Street Advisory Board Review                                      Date Scheduled \_\_\_\_\_
- Specific Use Permit Application
- Zoning Change Application
- Planning & Zoning Commission Hearing                                      Date Scheduled \_\_\_\_\_
- City Council Meeting to Approve Specific Use Permit                                      Date Scheduled \_\_\_\_\_
- Procedure for Commercial New Construction and Additions with Building Permit  
(Refer to checklist from Development Services for complete list of documents required)
- Procedure for Commercial Remodels and Repairs with Building Permit  
(Refer to checklist from Development Services for complete list of documents required)
- Multi-Trade Subcontractor Permit Application (electrical, plumbing, mechanical)
- Water and Sewer Tap Application
- Health Department Plan Review and Inspection
- Fire Inspection
- Public Works & Utilities Inspection
- Building Inspection
- Clean and Show Application
- Certificate of Occupancy Application

Approval of HPO or Interim Director of Development Services:  
\_\_\_\_\_  
Date: \_\_\_\_\_

Approval of Mainstreet District Coordinator:  
\_\_\_\_\_  
Date: \_\_\_\_\_

**Note:** Any changes to the project scope after the date indicated above will require review by the HPO or Director of Development Services!