

Virginia City Main Street

Façade Improvement Grant Program

2026 Application

Submit completed application to:
Alexia Sober
storeycountychamberofcommerce@gmail.com

1. Applicant Information

Applicant Name:

Business Name:

Property Address (Project Location):

APN Number:

Mailing Address:

Email Address:

Phone Number:

2. Property Owner Authorization (Required for Tenants)

Property Owner Name:

Property Owner Phone/Email:

Written Approval Attached:

Yes

(Signature or written confirmation required)

3. Project Description

Provide a clear description of the proposed façade improvement:

4. Scope of Work Details

Please describe materials and treatment methods:

- Paint colors (attach chips if applicable):

- Materials to be repaired or replaced (must be like-for-like):

- Masonry or woodwork details (if applicable):

- Signage or awnings (if applicable):

Note: Vinyl and manufactured wood materials are not allowed.

5. Project Budget

| Category | Estimated Cost |
|-------------------|-----------------|
| Materials | \$ _____ |
| Labor | \$ _____ |
| Total Cost | \$ _____ |

Grant Amount Requested (up to \$1,000):
\$ _____

Applicant Cash Match (must equal or exceed request):
\$ _____

6. Labor Plan

Check all that apply:

- Licensed Contractor
- Handyman / Skilled Tradesperson
- Owner Labor (not reimbursable)
- Volunteer Labor (not reimbursable)

If using contractor or handyman, provide name (if known):

7. Photo Documentation (Required)

Attach:

- Before photo – front view
- Before photo – second angle

(Photos must clearly show the area to be improved)

8. Project Readiness

Estimated project start date:

Estimated completion date (must be by December 2026):

9. Applicant Acknowledgment

By signing below, I confirm:

- I understand this is a **reimbursement-based grant**
- I am responsible for all permits, approvals, and compliance
- I will follow CHDC and Storey County requirements
- I understand grant funds cannot pay owners, employees, or volunteers
- I will complete the project as proposed or request approval for changes
- I will submit receipts and after photos for reimbursement

Applicant Signature:

Date:

10. Program Use Only

Application Complete: Yes No

Date Received: _____